

# **Mississippi Department of Mental Health Manual of Uniform Data Standards**

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This manual has been authorized for dissemination by:

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Date

# Revisions and Updates

## Revisions prior to initial release:

- |          |   |
|----------|---|
| 01/28/93 | Add "Data submissions" section<br>Add CLIENTS.RCD_TRANS field to core data set, renumber fields<br>Revise "Data crosswalks" to add information on CLIENTS.RCD_TRANS field   |
| 02/03/93 | Update "DMH program location codes data set"<br>Revise CLIENTS.LEG_STATUS codes<br>Add OTH_SOURCE (secondary source) field to CLIENTS data dictionary<br>Rename EMPLOYEE.PRG_CODE as EMPLOYEE.LOC_CODE  |
| 03/17/93 | Add "Family therapy" to SERVICES data dictionary, revise crosswalks section<br>Add "Group home - programmatic (child)" to SERVICES data dictionary<br>Revise wording of definitions within SERVICES data dictionary<br>Correct field order of ALCOHOL.DIS_STATUS, DIS_REFER, DIS_REF_OR   |
| 03/26/93 | Revise CLIENTS.EDUCATION codes; revise crosswalks section to match<br>Revise "Data crosswalks" CSAT section so source of "admission date" (to A&D services) is<br>ALCOHOL.ENT_DATE instead of CLIENTS.ADM_DATE<br>Revise "Data crosswalks" section on "Miscellaneous codes" to specify the<br>CSAT exceptions when coding "other" as response<br>Revise "Data submissions" text |
| 05/14/93 | Revise "DMH program location codes data set"<br>Revise "Introduction" text<br>Revise "Data submissions" text<br>Revise "Data crosswalks" text<br>Add comments for CLIENTS.DSM_1 and DSM_2<br>Correct description of ALCOHOL.AFT_CARE_1, add comments<br>Reorder ALCOHOL.AFT_CARE_*, ALCOHOL.VOC_REHAB from discharge/exit<br>fields to active fields                            |
| 07/14/93 | Correct "Data crosswalks" CMHS ID number of Jackson MH Center   |
| 09/01/93 | Revise "Introduction" text<br>Add microcomputer software standards section  |
| 09/02/93 | Revise "Data validation rules" text   |
| 09/23/93 | Revise definitions of CLIENTS.SPMI and CLIENTS.SEDC   |

## Revisions after initial release:

- 11/01/93      Revise "Services" to conform with POS and Medicaid manual updates:  
Revise various service descriptions to conform with POS and Medicaid manual updates:
- Rename "Medical services - nonphysician" as "Nursing services"
  - Rename "Medical services - physician" as "Medication evaluation and monitoring"
  - Rename "Partial hospitalization/psychosocial rehabilitation" as "Psychosocial rehabilitation"
  - Add "Consumer education and support" service
  - Add "Family education and support" service
  - Add "Injection of psychotropic medication" service
- 06/27/95      Correct ALCOHOL.PRIOR\_TX, ALCOHOL.PREGNANT, and  
ALCOHOL.METHADONE field type to character rather than numeric
- 08/01/96      Add "Data systems requirements" section to "Introduction"  
Add explanation of file naming conventions to "Data Submissions" section  
Add "Assistive technology" service  
Add "Home and community based services - MR/DD waiver" service  
Add "Pre-admission screening" service  
Revise definition of CLIENTS.LOC\_CODE for non-private providers as assigned locally, not by DMH  
Revise CLIENTS.COUNTY to include county three letter abbreviation code  
Revise inpatient services for psychiatric hospitals  
Remove all non-private providers from "DMH program location codes" section
- 11/24/98      Revise "Introduction" text including "Data validation rules" section and  
"Data system requirements" section  
Revise definitions of "Partial Day" and "Outpatient" services on "Program  
Element terminology" chart  
Revise "Data crosswalks" to comply with 01/30/98 edition of CSAT Treatment  
Episode Data Set (TEDS) State Instruction Manual  
Revise all CSAT related references from Client Data System (CDS) to newer terminology  
of Treatment Episode Data Set (TEDS)
- 05/15/00      Remove "DMH program location codes" section of manual  
Revise "Data Submissions" section of manual to include "Data format  
conventions for data submissions" information
- Add, rename, and/or revise various CLIENT codes:
- Revise ORG\_CODE comments to note organizations may use a separate set of codes to distinguish separately licensed entities within the organization
  - Revise field description "Disability category" to "Treatment category"
  - Revise field description "Primary disability" to "Primary treatment category (if dual)"
  - Revise ADM\_REFER and DIS\_REFER to include codes for "Nursing home", "Boarding home", "Group home", and "Other social services agency"
  - Revise CLI\_STATUS field definition to a numeric width of 2

- Revise CLI\_STATUS codes to include respite admissions (new and readmit) as codes "04" and "05"; "Active - medical" as code "06"; "Removed from waiting list" as code "00"; "Discharged - outpatient commitment (SPHs only)" as code "10"
- Revise CLIENTS.LEG\_STATUS codes to include "Involuntary - revoked outpatient commitment" as code "6"; "Other legal" as code "7"; and "Treatment ordered" as code "9"
- Revise CLIENTS.DIS\_STATUS codes to include "Client eloped" as alternative inpatient definition for code "8"

Add, rename, and/or revise various SERVICE descriptions:

- Add "Aftercare" service (substance abuse)
- Add "Crisis intervention" service
- Add "Crisis residential - children/youth" service
- Add "Psychiatric services - children/youth - acute treatment" service
- Add "Psychiatric services - children/youth - long term" service
- Add "Psychiatric services - crisis stabilization unit" service
- Rename "Intensive outpatient" as "Intensive outpatient - substance abuse"
- Rename "Supervised apartments" as "Supervised housing"
- Revise definition of "Emergency services", "Intensive case management"
- Revise definition of "ICF-MR-Small" (DMH service/program code 152) to "15 or fewer beds" to concur with Medicaid definition
- Revise definition of "Psychiatric services - children/youth - short term"
- Revise definition of "Therapeutic day treatment - children/youth"
- Rename "Crisis residential - adult" to "Intensive residential - adult"
- Rename "Crisis residential - child/youth" to "Intensive residential - child/youth"

Add NRI Oryx sub-section to "Data Crosswalks" section of manual

Add, revise TEDS NRF ID numbers for Regions 7,8,9,12 in "Data Crosswalks" section of manual

Correct CROSSWALK reference: TEDS NUM\_PRIOR field crosswalks from DMH ALCOHOL.NUM\_PRIOR field

07/28/2008 Revise Introduction 's references to Word Perfect.

Revise A&D / TEDS file submission information to omit reference to media.

Revise "Data submissions" section to more fully describe current file layouts and submission.

Revise Clients section to change Source values and to take out 2<sup>nd</sup> Source column.

Add Medicaid number, State ID, INTEGRATED\_TREATMENT, ACT\_TREAT, PROGRAM\_CODE, and A&D related fields to Clients database definition.

Revise race codes to separate "Asian" and "Pacific Islanders" and add "Reporting multiple race categories" code.

Add code for "unknown" to Hispanic origin field.

Add additional “type of residence “ codes for categories in URS table 15.

Changed some comments fields to indicate that date must be in YYYYMMDD format.

Add “CHIP” as payment source to CLIENTS.PAYMENT field

Add “unknown” value for VET\_STATUS.

Allow “99” as value for PROBLEM\_2.

Allow “0” as value for DSM\_PRIN if only one DSM diagnosis is reported.

Add comment concerning INPAT, RESID, PARTI, OUTPA, and CASEM SERV fields.

Change name of program element, “Partial Day” to “PSYCHOSOCIAL REHABILITATIVE/Day program options” and program element, “Outpatient” to “PSYCHOTHERAPEUTIC SERVICES/Outpatient”

Change names of A&D “convictions” fields to “arrests” and make corresponding changes to descriptions.

Changed list of A&D drug codes

Add additional A&D discharge fields.

Created new headings within series 100 services to more emphatically distinguish services 151, 152, 153 as not being referred to as “INPATIENT” services.

Changed names of services 151 and 153.

Added “MISCELLANEOUS” group of services (800 series).

Added “HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER) group of services (900 series)

Made changes to service descriptions for services 102, 104, 110, 153, 201, 202, 204, 205, 206, 207, 303, 304, 305, 306, 307, 308, 309, 401, 403, 407, 415, 501, and 502.

Marked services 201, 301, 302, 303, 304, 307, 308, 310, 401, 403, 407, 408, 410, 411, 412, 413, and 501 as Superseded.

Added service codes 214, 215, 216, 311, 312, 313, 314, 315, 316, 317, 318, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 504, 505, 506, 507, 508, 602, 704, and 705 to already existing groups.

Deleted service codes 701, 702, and 703.

12/01/2010      Change name of Juvenile Rehabilitation Center to Mississippi Adolescent Center

Revised “Introduction” section to remove Software standards and Federal Data Standards explanation

Added “Program Code” to Program element terminology

Revised “Data Validation” Section to move ENT\_DATE and EXT\_DATE from ALCOHOL data set to all data sets

Removed “Employee data set” from all applicable sections

Deleted “Service schema” from Client data collection hierarchy

Revised “Data submissions” section to remove tables, renumber data sets and remove CSAT data set.

Revised “File naming conventions for data submissions” section to reflect the 4 required files

Added Codes and updated comments for “Program Codes”

Removed delete as a potential value for RCD\_TYPE

Changed “alcohol and drug services client data subset” to reflect new field numbers starting with 62, and changed name of A&D entry data to SA\_ENT\_DATE

Updated “MS county data set” to reflect changes in CMHC regions

07/01/2012 Updated Service Codes to match DMH Operational Standards.

## **Introduction**



## Introduction

The *Manual of Uniform Data Standards* is designed to promote consistency in the collection, processing, submission, and reporting of data within the Mississippi Department of Mental Health (DMH). The DMH administers, coordinates, or certifies services delivered at more than 500 sites throughout the state. Collecting electronically based information about the persons served by this complex array of providers requires that all parties share a common set of data standards. This manual is designed to serve as a sourcebook for defining and maintaining these standards.

The DMH *Manual of Uniform Data Standards* is not an all encompassing repository that attempts to catalog every data element collected throughout all programs administered and/or certified by the Mississippi Department of Mental Health. Such a listing would run to many volumes and, in all likelihood, remain perpetually out of date. Rather, the manual has the more practical goals of defining:

- a) Common data elements that the Department of Mental Health requires all programs to collect for agency-wide demographic and statistical reporting,
- b) Data elements either mandated or strongly recommended for collection by federal or other oversight agencies.

Even in the case of these more general standards, changes occur with a high degree of regularity. The objective of this manual has been to obtain a reasonable level of consensus that will facilitate exchanges of information without undue restrictions. Suggestions that can help in improving this process are welcomed. Please address any comments or questions to:

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## Key terms

The purpose of a dictionary is to provide an authoritative set of definitions for words and phrases. This manual is intended as a data dictionary for the Department of Mental Health. Besides defining the meaning of data elements such as "Type of residence", it also makes use of other terms in specific ways. One of the difficulties in discussing mental health care is the various meanings which can be attached to words such as "agency", "organization", "facility", "program", "residential", "services" and many others. The following are key terms and their usage within the context of this manual:

An **ORGANIZATION** is an entity which administers services to clients. Regional mental retardation centers, state psychiatric hospitals, and regional community mental health centers are all organizations. Some ICF/MR organizations operate several separate **LICENSE UNITS**. These license units are accredited independent of each other and therefore are viewed as autonomous. The larger state psychiatric hospitals administer multiple distinct service entities, each under separate licensures. These can include: psychiatric services, chemical dependency units, nursing home units, and medical/surgical hospital units. It can be expected that some organizations will find it necessary to distinguish these components separately. Developing an organization model involving these service components, sometimes referred to as **AGENCIES**, is left to the discretion of the organization.

Most larger organizations offer services from multiple locations. **LOCATION CODES** identify the various places where the organization provides services. In some cases there may be more than one location code for a single address. For example, regional mental retardation centers provide 24 hour institutional services for clients on their main campuses. Some centers also operate early intervention programs (EIP) on their main campus. Because the EIP offers a different set of services to a completely different group of clients, it may be identified by its own distinctive location code. Also, in some cases multiple sites may be consolidated under a single location code if, as in the case of supervised apartments, the program is dispersed among a number of physical locations which are subject to frequent change.

Each location may offer one or more **SERVICES** to clients. Services are treatment modalities. *The DMH core services are defined on the basis of the programmatic intent of the service, not the source(s) of funding for that service.* See the "DMH services data set" for a current listing and description of DMH service codes. Since treatment is constantly evolving, new services emerge over time. The DMH administers and certifies services to clients who fall into one or more of three broad **CATEGORIES** of service needs: mental health, mental retardation, and/or substance abuse. Within these broad treatment categories, specific populations are often identified. These include elderly persons, persons with serious mental illness, and homeless persons. From a data systems perspective, however, these groups are demographic subsets of the three primary treatment categories.

MHSIP standards encourage the classification of all services into one of five **PROGRAM ELEMENTS** based primarily on the intensity of treatment: inpatient (24 hr care), residential (overnight services), psychosocial rehabilitative (services typically lasting 3-6 hours, psychotherapeutic (services typically scheduled in increments of one hour or less and usually occurring in a clinical setting), and case management. (See the "Program element terminology" chart in this section for a more detailed description of the five program elements.)

A **CLIENT** is a person receiving services at a location (or from staff operating out of a location). Clients are **ADMITTED** to an organization in order to receive these services. Some organizations are arranged into **PROGRAMS**, usually defined by the treatment category (MH, MR, SA) being

served. Clients **ENTER** into and **EXIT** from these programs during their period of active enrollment in the organization. Regardless of the organizational structure, admitted clients receive one or more **SERVICES** during their enrollment. For example, a client referred to a community mental health center might, after evaluation, enter their "substance abuse" program. Within this program, the client could receive "primary residential treatment" service. The client may then transfer to "transitional residential treatment" and finally be enrolled in "aftercare" to support continued sobriety. It is also possible for a client to be receiving several different treatment services concurrently. For example, persons participating in psychosocial rehabilitative services in a psychotherapeutic program may also be enrolled in a residential program. Movement from one treatment service to another is considered a **TRANSFER**.

When a client is no longer receiving services from the organization, he/she should be **DISCHARGED** from the active client roster. The period encompassed from the time of admission to the time of discharge is considered one **TREATMENT EPISODE**. It is possible for a client to have a case history within any given treatment facility that comprises multiple **TREATMENT EPISODES**.

The DMH core data elements which are associated with the above cited terms are:

ORG_CODE	Organization identifier (assigned by DMH)
LOC_CODE	Location code
Service codes:	
INPAT_SERV	Inpatient service codes
RESID_SERV	Residential service codes
PARTI_SERV	Psychosocial rehabilitative service codes
OUTPA_SERV	Psychotherapeutic service codes
CASEM_SERV	Case management service codes
CLI_ORG_ID	Unique client identifier within organization
SS_NUMBER	Unique client identifier agency-wide
ADM_DATE	Date of admission to organization
ENT_DATE	Date of entry into specific treatment program
EXT_DATE	Date of exit/transfer from specific treatment program
DIS_DATE	Date of discharge from organization

As noted elsewhere in this manual, "program" is an extremely nebulous term when used in mental health and mental retardation settings. This manual uses "services" as a generic term for the treatment modalities listed and described in the "DMH services data set" section.

## **Conflicting and evolving terminology**

Efforts to implement uniform data standards across entities providing mental health, mental retardation, and substance abuse services is bound to invite vigorous debates over differences in the use of terminology. One problem confronting attempts to define terms is the ambiguous way in which many words are used. Consider some of the different uses of the word "program" in a service delivery context: to describe a location ("Our program in Lucedale"), to describe a specific service ("Our psychosocial rehab program"), to describe a related set of services for a specific group of clients ("Our substance abuse program"), or to describe an entire array of services ("Our clinical program"). Absent common agreement on key terminology by all persons involved, data systems will be unable to properly organize and report information.

A second consideration is the ever evolving social perception of words. Social views on the appropriateness or inappropriateness of specific terms take on a strong emotional context. As an example, the use of the terms "idiot", "imbecile", and "moron" in any modern service setting would be considered inappropriate and extremely offensive. Yet these same terms were once routinely used in scientific literature to describe persons with profound, severe, and moderate levels of mental retardation. An underlying concept of broadly classifying persons with mental retardation according to intellectual / functional criteria did not change; what did change were societal attitudes concerning the acceptability of a specific set of words. In the era of mass communications, there has been a drastic compression in the time required for terminology to gain common use, to undergo a rapid shift in connotation, or to fall into social disfavor.

A final difficulty arises from the fact that the fields of mental health, mental retardation, and substance abuse often employ different treatment modalities and use terminology in distinctive or different ways. Clinicians can be extremely reluctant to compromise on terminology which is felt to distinguish a particular service from another. However, persons using this manual are urged to focus their attention more on the fundamental concepts described herein than on the terms used to represent these concepts. This manual is not the vehicle to resolve issues such as what word is most appropriate to describe a person receiving services (consumer, client, patient). Rather, there is a recognition that most modern data systems allow service providers to alter such "labels" to appear on computer screens as they desire.

As noted above, social perceptions about the meaning of words are now subject to rapid change. It is likely that some of the terms used in this manual may come to be viewed in a different context over time. Organizations that perceive any data "label" used in this manual to be unsuitable may request to use alternative terminology for their computer system screens and/or their intake forms. However, the underlying concept and utility of the field must be retained and the data from the field must be downloaded using the standard codes specified in this manual.

The program element classification used in this manual is derived from MHSIP standards. These standards reflect a mental health focus. Since some differences occur across the major service areas, the following table provides a "crosswalk" of program element terminology:

### Program element terminology

<b>Program Element</b>	<b>Mental Health</b>	<b>Substance Abuse</b>	<b>Mental Retardation</b>	<b>Program Code</b>
24 Hr intensive client care and treatment provided within a highly structured and closely supervised setting (e.g., hospital, nursing home, ICF/MR).	Inpatient	Inpatient	Residential	1000
Treatment program that involves the client living on premises. The program may involve a concurrent course of treatment or simply provide a place of residence for persons with specific needs.	Residential	Residential	Community-based Residential	2000
Structured programs that clients usually attend on a regular basis and which usually have a duration of 3 or more hours.	Psychosocial rehabilitative	Partial day or Day treatment	Partial day or Day treatment	3000
Services provided to clients usually based upon scheduled appointments and generally having a duration of less than 3 hours. Services may be provided on an individual or group basis, usually in a clinical setting.	Psychotherapeutic	Outpatient	Outpatient	4000
Services that provide individualized attention emphasizing some type of intervention or participation in the natural environment of the client.	Case Management	Case Management and Aftercare	Case Management or Service Coordination	5000

## Core data and subsets

The Department of Mental Health provides services to persons with widely varying sets of needs. As a result, the agency anticipates requirements to collect data on persons within various treatment categories. An example is the CSAT TEDS data set mandated for persons enrolled in substance abuse programs.

Given the broad array of persons served, it would be cumbersome and unwieldy if the DMH attempted to incorporate all data items that might conceivably be asked of every treatment population into one universal client data structure. CSAT data requirements on type and frequency of substance use, for example, would probably have little applicability for clients enrolled in mental retardation programs. As an alternative, the Mississippi DMH has established a *core client data set*. The core data includes those basic data items deemed applicable across all treatment services. The core data set will be supplemented, as needs and mandates require, by data subsets designed for specific service populations or treatment programs. Client data under this concept can be viewed as existing in one of four layers:

- Mandated core data set
- Mandated target service populations data subsets
- Shared organizational data subset
- Local organization data subset

A design goal of the DMH is that information systems within organizations treating multiple service populations be able to prompt users for entry of client data subsets when core data indicates the client is a member of one of the targeted groups. Such systems would maintain a relational link between the client information in the core data set and that located in one or more data subsets.

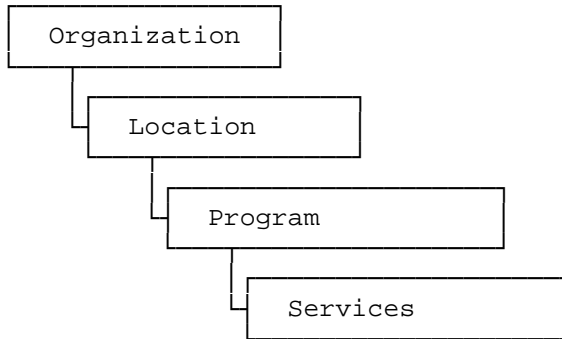
The third layer of data subset allows for items developed by and shared among groups of facilities or treatment programs with a common mission. For example, the community mental health centers might all agree that their client data set include drivers license number and state of issuance, even though this is not mandated at the federal or state level. The DMH encourages facilities to work cooperatively to establish shared data standards for non-mandated data items.

The final layer captures those data items unique to a given organization. It is hoped that information systems will be able to accommodate local needs with minimum effort through the incorporation of user defined fields.

## Service schema

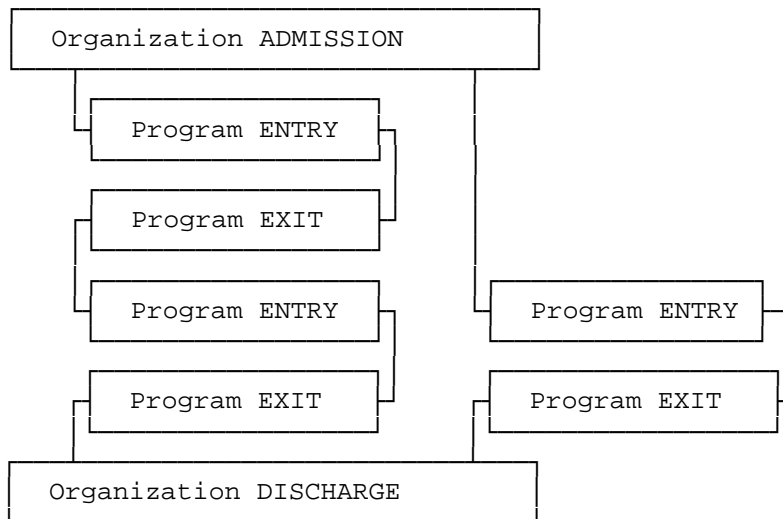
The following schema graphically represent some of the concepts of service delivery and data collection layers described in the preceding text:

### 1. Organization service delivery hierarchy



This hierarchy depicted above a conceptual model, not a mandated structure. Larger organizations may need to subdivide their organization into distinct administrative entities operating under separate licensure. It could be argued that a specific service LOCATION (Hope Haven, Smallville, MS) may fall under the organizational umbrella of a PROGRAM (Substance Abuse). More often, however, service locations are used to offer more than one program of treatment. Those who experience any major distress over the depicted hierarchy should reconceptualize it as they desire.

### 2. Client treatment hierarchy



Once a client is ADMITTED into an organization he/she may be enrolled in a number of different programs over the course of treatment. The client can ENTER and EXIT these programs sequentially (one following the other) or simultaneously (one concurrent with the other). When the course of treatment has been concluded, the client is DISCHARGED from the organization.

## Data validation rules

The following are rules which are recommended to validate the data entered in certain fields of the DMH data sets. While not mandatory, data validation of the type described will assist in the collection and entry of correct information. During data entry, systems should restrict users to entering only those code values that have been defined for each field.

### CLIENTS data set

CLI_ORG_ID	<p>Unique client ID within organization: The system (and organization policy) should not permit entry of a client ID number that duplicates the ID of an already active client. It is desirable that systems allow cross checking of previously assigned client ID numbers using various search criteria: name, maiden name, alias (if captured), approximate date (month/year) of previous admission or discharge.</p> <p>Entry of a preexisting but inactive client ID number should alert the input operator that the number has been previously assigned and bring up key client data for identification purposes.</p> <p>If an admission record is being created utilizing a previously unassigned client organizational ID, but the client's Social Security number already exists in an inactive record within the system, the discrepancy should be flagged with a caution message at input. (New SS_NUMBER = previous SS_NUMBER but new CLI_ORG_ID &lt;&gt; previous CLI_ORG_ID.)</p>
ADM_DATE	<p>Admission date (most recent) to organization: The system should display a caution message if admission date exceeds the current system date by more than 7 days. (Users should not be routinely pre-entering clients into the system over one week in advance of the current date.)</p> <p>The system should display a caution message if admission date predates the current system date by more than 30 days</p>
SS_NUMBER	<p>Client Social Security number: The system should not permit entry of a Social Security number for an active client if a duplicate Social Security number already exists for another active record.</p> <p>If a Social Security number for a new admission does not match the one recorded for a previous admission, the system should display a caution message at input. (New CLI_ORG_ID = previous CLI_ORG_ID but new SS_NUMBER &lt;&gt; previous SS_NUMBER.)</p>
BIRTH_DATE	<p>Birth date of client: Date entered should not exceed current system date or result in an age that is a negative.</p>
HANDICAP_2	<p>Client handicapping condition: Entry should not duplicate entry for HANDICAP_1.</p>
PROBLEM_2	<p>Client problem at admission: Entry should not duplicate entry for PROBLEM_1.</p>



DISAB_DUAL	Primary disability category if dually diagnosed: The system should not permit erroneous combinations with DISAB_CATE field (disability category). (DISAB_CATE = 04 [Dual: MH/MR] but DISAB_DUAL = 3 [primary problem substance abuse]).
INPAT_SERV	Inpatient service code: The service codes entered under each of the five service categories (INPAT_SERV, RESID_SERV, PARTI_SERV, OUTPA_SERV, CASEM_SERV) should be restricted to the valid range for each category.
DIS_DATE	<p>Discharge date: The discharge date should not predate the most recent ADM_DATE (admission date).</p> <p>The system should display a caution message if discharge date exceed currents system date by more than 7 days.</p> <p>The system should display a caution message if discharge date precedes current system date by over 30 days</p>
ENT_DATE	Program entry date: The program entry date should not predate the most recent ADM_DATE (admission date into organization). (A client cannot enter a program within an organization prior to being admitted to the organization.)
EXT_DATE	Program exit date: The program exit date should not exceed the DIS_DATE (discharge date from organization) if discharge from organization has occurred. (A client cannot exit a program within an organization after he/she has already been discharged from the organization.)

## Data submissions

There are four data submission standards currently in effect:

### 1) Mental Health Core Client data set (D)

SOURCE: Mental Health Core Client Data set standards  
SCOPE: ACTIVE clients, DISCHARGED clients (within date range)  
DUE: Monthly (20 days after end of month)  
FORMAT: ASCII comma delimited  
ARCHIVE: ACTIVE: Successive (each submission supersedes previous data submissions)  
DISCHARGED: Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core active client data set is successive, with each submission replacing the prior submission. Discharge client data is cumulative, with each discharge submission appended to previously submitted discharge records. The combination of a current active data set (Superseded by each regular submission), and a cumulative discharge data set provides the foundation for an agency-wide client tracking system.

In the case of the discharge dataset, systems must be capable of selecting records for download according to a discharge date range (DIS\_DATE) entered by the user. Only the records for those clients discharged between the two dates entered will be included in the download.

### 2) Alcohol and Drug Client data subset (A)

SOURCE: Mental Health Core Client data set standards and  
Alcohol and Drug data subset standards  
SCOPE: NEW ADMISSIONS for previous month  
TRANSFERS (among A&D services) for previous month  
DISCHARGES for previous month  
CHANGES for previous month  
DELETIONS for previous month  
DUE: Monthly (10 working days after end of month)  
FORMAT: ASCII comma delimited  
ARCHIVE: Cumulative (each month's submission is added to previous data submissions)

Comments: The A&D data set should be drawn from those clients who have a DISAB\_CATE = 3 (substance abuse), or those with a DISAB\_CATE of 5-7 (dual disability with substance abuse as a component). The A&D data set information must be collected and entered for all persons who have been assigned these DISAB\_CATE codes.

At the Central Office level, the A&D database is cumulative. Each month's new admissions, service transfers, and discharges are added into the existing database.

"Transfers" refer to movement of persons enrolled in A&D programs from one treatment modality (service) to another. Both CSAT and DMH A&D require tracking of these changes in service. A listing of DMH and TEDS service codes that constitute a "transfer" can be found in the "Data Crosswalks" section of this manual. The transfer record structure is identical to the DMH A&D

admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Field which must be updated are:

RPT\_DATE  
RCD\_TRANS  
INPAT\_SERV  
RESID\_SERV  
PARTI\_SERV  
OUTPA\_SERV  
CASEM\_SERV  
ENT\_DATE

### 3) **Mental Retardation / Intellectual and Developmental Disabilities Client data set (I)**

SOURCE: Mental Retardation / Intellectual and Developmental Disabilities Client data set standards  
SCOPE: ACTIVE clients, DISCHARGED clients (within date range)  
DUE: Monthly (5 days after end of month)  
FORMAT: ASCII comma delimited  
ARCHIVE: ACTIVE: Successive (each submission supersedes previous data submissions)  
DISCHARGED: Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core active client data set is successive, with each submission replacing the prior submission. Discharge client data is cumulative, with each discharge submission appended to previously submitted discharge records. The combination of a current active data set (Superseded by each regular submission), and a cumulative discharge data set provides the foundation for an agency-wide client tracking system.

In the case of the discharge dataset, systems must be capable of selecting records for download according to a discharge date range (DIS\_DATE) entered by the user. Only the records for those clients discharged between the two dates entered will be included in the download

### 4) **DMH Services data set (S)**

SOURCE: DMH Services Data set standards  
SCOPE: SERVICES performed within previous month  
DUE: Monthly (20 days after end of month)  
FORMAT: ASCII comma delimited

**Comments:** The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected before submission the next month the services file will continue to increase error rate because of by\_id errors. The by\_id is the client identifier in the service file. The by\_id errors are mainly created because the client record from the "A", "D", or "I" file had erred out and was never corrected so when the service for that client was reported in the "S" file, the system could not find the matching client data. The goal is to have 0% error rate on each file, this way you know all your records have been recorded in the CDR.

## **File naming conventions for data submissions**

The following naming conventions are to be used for files submitted to DMH:

- 1) The file name must be composed of an eight letter identifier, followed by a period and three letter extension. For all ASCII files the extension must be "TXT." Refer to the examples listed below.
- 2) The eight letter file identifier must be composed of four components: a) an initial single letter code indicating the download submission type, b) a three number code identifying the organizational code (ORG\_CODE) of the originator, c) a two number code indicating the year of submission, and d) a two number code indicating the month of submission. The initial single character codes are as follows:

A	Alcohol and Drug download (ASCII comma delimited)
D	Mental Health Core Client download (ASCII comma delimited)
I	Mental Retardation / Intellectual and Developmental Disabilities Core Client download (ASCII comma delimited)
S	Services download (ASCII-comma delimited)

Some examples of downloaded file names are:

A1019901.TXT	DMH Alcohol and Drug download ("A") from CMHC Region 1 ("101") submitted in 1999 ("99"), month of January ("01")
D2010304.TXT	DMH Active client core dataset download ("D") from Mississippi State Hospital ("201") submitted in 2003 ("03"), month of April ("04")
I1120107.TXT	DMH Mental Retardation / Intellectual and Developmental Disabilities download ("I") from CMHC Region 12 ("112") submitted in 2001 ("01"), month of July ("07")
S3020612.TXT	DMH Services data set download ("S") from Hudspeth Regional Center ("302") submitted in 2006("06"), month of December ("12")

## **Date format conventions for data submissions**

All applications programs used to collect the data elements defined in this manual must be capable of accepting, storing, and downloading date field information that incorporates a four digit year. The ASCII delimited submissions must generate date information as an 8 digit number arranged in a YYYYMMDD format (e.g., November 28, 2003 should download as 20031128), unless otherwise specified. Traditional DBF (Dbase) files accept for input and display dates in a default MM/DD/YY format. It is necessary for DBase/FoxPro programs to use the environment command SET CENTURY ON in order for DBF files to accept, correctly store, and display a four digit year. Any data submissions to DMH that lack correctly recorded four digit year information will not be accepted.

## Data Systems Requirements

It is recommended that all DMH facilities, community mental health centers, and other service providers operating under certification from the Department of Mental Health acquire and maintain data systems capable of meeting client demographic and fiscal management needs.

The following are strongly suggested as minimum criteria for data systems:

- The data system must utilize relational database design technology. Data should be stored in normalized tables and be accessible by third party query and report writing software through Structured Query Language (SQL).
- The data system should be certified and verified as Year 2000 compliant. All date fields should be capable of accepting and processing four digit years (e.g., "03/23/2000"). If the system allows user entry of two digits in a year field (e.g., "98", "03"), the system default century should be clearly displayed.
- The data system should exhibit a high degree of user configurability. Organizations should be able to add user defined fields without programming. It should be possible to alter the screen data field labels to those preferred by the organization without customization of the data system.
- The data system must be capable of collecting all data specified in this manual. It should be possible to add any missing fields in a logical sequence without customization of the data system.
- The data system must have built-in support for a minimum of 3 sets of correlated codes can be established. Such capability will allow organizations to maintain internal codes but also support alternate coding standards with minimal difficulty. Refer to the "Data Crosswalks" section of this manual for specific examples of situations in which data crosswalks are required.
- The data system should have a fiscal component that is consistent with GAAP standards.
- The data system should be capable of supporting unit cost reporting.
- The data system must be capable of crosswalking from internal cost center codes to DMH service codes. This is necessary to produce service enrollment data for the core client demographic download. It is also necessary for organizations to report on the quantity of services rendered without regard to funding source.
- The data system should support the use of both DSM and ICD diagnostic codes. It should allow crosswalks between the two coding systems as required for billing purposes.
- The data system must support electronic billing for Medicaid and Medicare (Part A and Part B).
- In addition to tracking client admissions and discharges, the data system should have the capability to record client enrollments in specific programs / services during the overall treatment episode within the organization (see "Introduction: Key Terms").
- For organizations providing alcohol and drug abuse services, the data system must support the entry and downloading of data mandated by the DMH Division of Alcohol and Drug Abuse. These data requirements are included in the *Manual of Uniform Data Standards*.

- The data system should maintain historical information on selected client demographic data to assist in assessing outcome measures. At a minimum, the following client data should be tracked historically:
  - education
  - marital status
  - living arrangement
  - type of residence
  - employment status
  - primary source of income
  - annual household income
  - diagnoses
- The data system should incorporate as many of the "Data validation rules" listed in this manual as is practical.
- The data system must produce data downloads in the format specified in the "Data submissions" section of this manual. The downloaded files must follow the naming conventions outlined in the "Data submissions" section.

**Core client data set**

Database: CLIENTS  
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
1	Report date: date information was submitted	RPT_DATE	N	8	FN10 CL-29
2	Record transaction type (add, change, delete)	RCD_TRAN	N	1	TEDS AD-01
3	Organization code	ORG_CODE	N	3	FN10 CL-01
4	Program location code	LOC_CODE	N	4	DMH
5	Unique client ID within organization	CLI_ORG_ID	N	9	DMH
6	Client status	CLI_STATUS	N	2	DMH
7	Admission date (most recent) to organization	ADM_DATE	N	8	FN10 CL-04
8	Admission type(primary, collateral, unregistr)	ADM-TYPE	N	1	FN10 CL-02
9	Admission referral category	ADM-REFER	N	2	FN10 CL-21
10	Admission referral organization code (DMH only)	ADM-REF-OR	N	3	DMH
11	Legal status of client at admission	LEG_STATUS	N	1	FN10 CL-13
12	Client last name	LAST_NAME	C	15	DMH
13	Client first name	FIRST_NAME	C	15	DMH
14	Client maiden name (if applicable)	MAID_NAME	C	15	DMH
15	Social Security number (unique client identifier)	SS_NUMBER	N	9	FN10 CL-03
16	Birth date	BIRTH_DATE	N	8	FN10 CL-08
17	Age of client (calculated from birthdate)	AGE	N	3	DMH
18	Sex	SEX	C	1	FN10 CL-07
19	Race	RACE	C	1	FN10 CL-09
20	Hispanic origin	HISPANIC	C	1	FN10 CL-10



Database: CLIENTS  
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
21	Education level: last grade completed	EDUCATION	N	2	FN10 CL-R
22	Marital status	MARITAL	C	1	FN10 CL-11
23	County of residence prior to admission	ADM_CNTY	N	2	FN10 CL-14
24	Living arrangement	LIVING_ARR	N	1	FN10 CL-24
25	Type of residence	RESID_ARR	N	2	FN10 CL-23
26	Employment status	EMPLOYMENT	N	2	FN10 CL-R
27	Primary source of household income	INCOME_SRC	N	1	FN10 CL-R
28	Household annual income amount	INCOME_HOU	N	6	FN10 CL-R
29	No. of persons in household dependent on income	INCOME_DEP	N	2	FN10 CL-R
30	Eligibility for SSI/SSDI	ELIG_SSI	N	1	FN10 CL-20
31	Eligibility for Medicaid	ELIG_MCAID	N	1	DMH
32	Expected principal source of payment	PAYMENT	N	2	FN10 CL-25
33	Veterans status	VET_STATUS	C	1	FN10 CL-12
34	Physical impairment (1 of 2)	HANDICAP_1	N	2	FN10 CL-R
35	Physical impairment (2 of 2)	HANDICAP_2	N	2	FN10 CL-R
36	Presenting problem (1 of 2)	PROBLEM_1	N	2	FN10 CL-16
37	Presenting problem (2 of 2)	PROBLEM_2	N	2	FN10 CL-16
38	Treatment category (MH, MR, SA, dual)	DISAB_CATE	N	1	DMH
39	Primary treatment category (if dual)	DISAB_DUAL	N	1	DMH
40	Is client seriously mentally ill? (Y/N)?	SPMI	C	1	FN10 CL-19
41	Is client seriously emotionally disturbed child?	SEDC	C	1	DMH

Database: CLIENTS  
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
42	DSM Axis 1 diagnosis	DSM_1	C	6	FN10 CL-17
43	DSM Axis 2 diagnosis	DSM_2	C	6	FN10 CL-17
44	Is DSM Axis 1 or 2 the principal diagnosis?	DSM_PRIN	N	1	DMH
45	Inpatient service code	INPAT_SERV	N	3	FN10 CL-06
46	Residential service code	RESID_SERV	N	3	FN10 CL-06
47	Partial day service code	PARTI_SERV	N	3	FN10 CL-06
48	Outpatient service code	OUTPA_SERV	N	3	FN10 CL-06
49	Case management service code	CASEM_SERV	N	3	FN10 CL-06
50	Discharge date	DIS_DATE	N	8	FN10 CL-05
51	Discharge status (transfer, adm discount, dis/ref)	DIS_STATUS	N	1	FN10 CL-26
52	Discharge referral category	DIS_REFER	N	2	FN10 CL-27
53	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3	DMH
54	County of residence upon discharge	DIS_CNTY	N	2	FN10 CL-15
55	Medicaid number	MCAID_NUMBER	N	9	
56	State ID (Generated by CDR upon 1 <sup>st</sup> submission)	STATE_ID	N	9	
57	Client receives integrated treatment	INTGR_TREAT	C	1	
58	Indicates whether client receives ACT/PACT Assertive Community Treatment	ACT_TREAT	C	1	
59	Program under which client receives treatment	PROGRAM_CODE	C	4	
60	Entry date (most current) into program	ENT_DATE	N	8	
61	Program exit date	EXT_DATE	N	8	

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Revision date: 12/01/2010

1 Report date: date information was submitted

**Field name:** RPT\_DATE                      **Type:** N              **Width:** 8  
**Source:**              FN10 CL-29              **2<sup>nd</sup> source:** TEDS AD-03

**Comments:** Indicates date of data submission download. Information in this field should be automatically inserted by the program during download. Date must be in YYYYMMDD format.

2 Record transaction type (add, change)

**Field name:** RCD\_TRANS                      **Type:** N              **Width:** 1  
**Source:**              TEDS AD-01

**Codes:** 1 = Add admission record  
          2 = Add transfer record (NIDA/DMH A&D)  
          3 = Change record (correction)  
          4 = Change record (update)

**Comments:** Indicates the record transaction which should occur at the central repository level. NIDA and DMH A&D standards require posting of transfers from one service to another within an organization. "Changes" indicates either corrections or updates to previously submitted client records. "Delete" indicates an erroneous submitted client record should be erased from the file.

3 Organization code

**Field name:** ORG\_CODE                      **Type:** N              **Width:** 3  
**Source:**              FN10 CL-01              **2<sup>nd</sup> source:** TEDS AD-04

**Codes:** 101 = CMHC Region 1  
          102 = CMHC Region 2  
          103 = CMHC Region 3  
          104 = CMHC Region 4  
          105 = CMHC Region 5  
          106 = CMHC Region 6  
          107 = CMHC Region 7  
          108 = CMHC Region 8  
          109 = CMHC Region 9  
          110 = CMHC Region 10  
          111 = CMHC Region 11  
          112 = CMHC Region 12  
          113 = CMHC Region 13  
          114 = CMHC Region 14  
          115 = CMHC Region 15  
          201 = Miss. State Hospital  
          202 = East Miss. State Hospital  
          203 = North Miss. State Hospital  
          204 = South Miss. State Hospital  
          205 = Central Miss. Residential Center  
          206 = Spec. Treatment Facility for E.D.  
          301 = North Miss. Regional Center  
          302 = Hudspeth Regional Center  
          303 = Boswell Regional Center  
          304 = Ellisville State School

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305 = South Miss. Regional Center  
306 = Mississippi Adolescent Center  
700 = Private providers

**Comments:** Information in this field should be automatically inserted by the software during download. The field denotes the "umbrella" organization code. Individual service sites operated by the organization are identified by their "Program location code" (LOC\_CODE). Some organizations may also need to be subdivided into administrative subcomponents based on separate licensures. These entities can be given separate codes as long as the assigned organization code can also be generated. Private providers are assigned organization codes in the 700-999 range.

4 Program location code

**Field name:** LOC\_CODE                      **Type:** N              **Width:** 4  
**Source:**              DMH

**Codes:** (Assigned by each organization and submitted to DMH for review and approval)

**Comments:** This field is used to identify physical locations from which large multi-site organizations provide services. **Each organization must submit a proposed set of "Program location codes" to DMH for review and approval, using an allowable range from 0001 to 9999.** For DMH purposes, location codes should be limited to physical sites administered by the organization rather than ancillary service delivery sites such as schools, jails, etc. Note that in some cases separate program location codes may be used to identify two very distinct programs sharing a single physical address. Also, when there are a number of service sites for a single program, such as supervised apartments, they may be grouped under a single "Program location code" representing the administrative entity.

5 Unique client ID within organization

**Field name:** CLI\_ORG\_ID                      **Type:** N              **Width:** 9  
**Source:**              DMH                      **2<sup>nd</sup> source:** TEDS AD-05

**Comments:** The client's "Unique client ID" (CLI\_ORG\_ID) should be generated within each organization for internal identification of clients. It can be up to 9 digits in length. Every effort should be made to insure the ID remains unique to a single client. The same ID should be reused if and when the client is readmitted to the organization.

6 Client status

**Field name:** CLI\_STATUS                      **Type:** N              **Width:** 2  
**Source:**              DMH

**Codes:** 00 = Removed from waiting list  
          01 = Active - new admission  
          02 = Active - re-admission  
          03 = Active - evaluation only  
          04 = Active - respite (new admission)  
          05 = Active - respite (re-admission)

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06 = Active - medical  
08 = Waiting list only  
09 = Discharged  
10 = Discharged - outpatient commitment (SPHs)

7 Admission date (most recent) to organization

**Field name:** ADM\_DATE                      **Type:** N              **Width:** 8  
**Source:**              FN10 CL-04              **2<sup>nd</sup> source:** TEDS AD-08

**Comments:** Date of the most recent admission to the organization. Date must be in YYYYMMDD format.

8 Admission type (primary, collateral, unregistered)

**Field name:** ADM\_TYPE                      **Type:** N              **Width:** 1  
**Source:**              FN10 CL-02              **2<sup>nd</sup> source:** TEDS AD-06

**Codes:**    1 = Primary  
             2 = Collateral  
             3 = Unregistered

**Comments:** Applicable primarily to CMHCs. "Collateral" clients are those receiving services because of problems arising from a relationship with another who is the primary recipient of treatment (i.e., family members participating in therapy with someone with a substance abuse problem). "Unregistered" clients are persons who are receiving services but for whom there is no clinical record.

9 Admission referral category

**Field name:** ADM\_REFER              **Type:** N              **Width:** 2  
**Source:**              FN10 CL-21

**Codes:**              (Source: Virginia, revised)  
                 01 = DMH psychiatric hospital  
                 02 = Other MS CMHC  
                 03 = DMH ~~MR~~ IDD facility  
                 04 = Private psychiatric hospital  
                 05 = Other MH care provider  
                 06 = Other ~~MR~~ IDD care provider  
                 07 = Other A&D care provider  
                 08 = General hospital/other health care provider  
                 09 = Self  
                 10 = Family/friend  
                 11 = School/educational agency  
                 12 = Employer/EAP  
                 13 = Police/sheriff  
                 14 = Court/correctional facility  
                 15 = Probation/parole  
                 16 = Self help program  
                 17 = Vocational rehabilitation/job placement  
                 18 = Nursing home (non-DMH)  
                 19 = Boarding home  
                 20 = Group home (non-DMH)  
                 21 = Other social services agency  
                 97 = Other

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98 = Unknown  
99 = None

**Comments:** If admission referral source is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) and the identity of the referring organization is known, then "Admission referral organization code" (ADM\_REF\_OR) should be recorded.

10 Admission referral organization code (DMH only)

**Field name:** ADM\_REF\_OR                      **Type:** N              **Width:** 3  
**Source:** DMH

**Codes:** (See "Organization code")

**Comments:** Complete this field only if "Admission referral category" (ADM\_REFER) entry is 01, 02, or 03.

11 Legal status of client at admission

**Field name:** LEG\_STATUS                      **Type:** N              **Width:** 1  
**Source:** FN10 CL-13

**Codes:** (Source: Virginia, revised)  
1 = Voluntary (referral)  
2 = Involuntary - civil - adult psychiatric  
3 = Involuntary - civil - adult chemical dep.  
4 = Involuntary - youth court  
5 = Involuntary - criminal  
6 = Involuntary - revoked outpatient commitment  
7 = Other legal status  
9 = Treatment ordered (condition of probation or parole)

12 Client last name

**Field name:** LAST\_NAME                      **Type:** C              **Width:** 15  
**Source:** DMH

13 Client first name

**Field name:** FIRST\_NAME                      **Type:** C              **Width:** 15  
**Source:** DMH

14 Client maiden name (if applicable)

**Field name:** MAID\_NAME                      **Type:** C              **Width:** 15  
**Source:** DMH

15 Social Security number

**Field name:** SS\_NUMBER                      **Type:** N              **Width:** 9  
**Source:** FN10 CL-03

**Comments:** Can not be blank.

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16 Birth date

**Field name:** BIRTH\_DATE                      **Type:** N              **Width:** 8  
**Source:** FN10 CL-08                      **2<sup>nd</sup> source:** TEDS AD-12

**Comments:** Date must be in YYYYMMDD format.

17 Age of client (calculated from birthdate)

**Field name:** AGE                                      **Type:** N              **Width:** 3  
**Source:** DMH

**Comments:** If information on the client's "Birth date" (BIRTH\_DATE) is recorded, there is no need to enter data in this field. Age can be calculated and updated using the birth date.

18 Sex

**Field name:** SEX                                      **Type:** C              **Width:** 1  
**Source:** FN10 CL-07                      **2<sup>nd</sup> source:** TEDS

**Codes:**              F = Female  
                 M = Male  
                 U = Unknown

**Comments:** It is acceptable to use the term "Gender" to identify this field.

19 Race

**Field name:** RACE                                      **Type:** C              **Width:** 1  
**Source:** FN10 CL-09                      **2<sup>nd</sup> source:** TEDS AD-14

**Codes:**              Source: (URS table definitions)  
                 A = Asian  
                 B = Black/African American  
                 I = Native American Indian  
                 K = Alaskan native (Aleut, Eskimo, Indian)  
                 M = Reporting multiple race categories  
                 P = Native Hawaiian or other Pacific Islander  
                 W = White/Caucasian  
                 U = Unknown or not available

20 Hispanic origin

**Field name:** HISPANIC                                      **Type:** C              **Width:** 1  
**Source:** FN10 CL-10                      **2<sup>nd</sup> source:** TEDS AD-15

**Codes:**              (Source: North Carolina)  
                 C = Cuban  
                 M = Mexican  
                 P = Puerto Rican  
                 O = Other Hispanic  
                 N = Not of Hispanic origin  
                 U = Unknown or not available

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**Comments:** Hispanic origin is not a race, but rather is used to denote persons who identify themselves with Spanish culture or origins.

21 Education level: last grade completed

**Field name:** EDUCATION                      **Type:** N              **Width:** 2  
**Source:** FN10 CL-R                      **2<sup>nd</sup> source:** TEDS AD-16

**Codes:** (Source: North Carolina, revised)  
51 = Preschool/kindergarten  
52 = Special education  
01 = First grade  
..  
12 = Twelfth grade  
13 = GED  
14 = Technical/trade school  
15 = Some college, no degree  
16 = Associate degree  
17 = Bachelors degree  
18 = Masters degree  
19 = Ph.D.  
98 = Unknown  
99 = Never attended school

22 Marital status

**Field name:** MARITAL                      **Type:** C              **Width:** 1  
**Source:** FN10 CL-11                      **2<sup>nd</sup> source:** TEDS: AD-44

**Codes:** (Source: North Carolina)  
S = Single (never married or marriage annulled)  
M = Married  
P = Separated  
D = Divorced  
W = Widowed  
U = Unknown

23 County of residence prior to admission

**Field name:** ADM\_CNTY                      **Type:** N              **Width:** 2  
**Source:** FN10 CL-14

**Codes:** (Refer to COUNTY data set for a listing of numeric codes for Miss. counties.)

24 Living arrangement

**Field name:** LIVING\_ARR                      **Type:** N              **Width:** 1  
**Source:** FN10 CL-24

**Codes:** (Source: Virginia)  
1 = Lives alone  
2 = Lives w. relatives (nuclear or extended)  
3 = Lives w. non-relatives

25 Residential living



Database: CLIENTS  
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**Field name:** RESID\_ARR                      **Type:** N              **Width:** 2  
**Source:**              FN10 CL-23              **2<sup>nd</sup> source:** TEDS AD-38

**Codes:**              (Source North Carolina, revised)  
01 = Private residence (house, mobile home)  
02 = Other independent (rooming house, dorm)  
03 = Homeless/Shelter  
04 = Institution (psychiatric hospital, MR facility)  
05 = Community program (nursing home, group home)  
06 = Correctional facility  
07 = Other  
08 - Foster Home  
09 - Residential Care  
10 - Crisis Residence  
11 - Children's Residential Treatment  
99 = Not available/Unknown

26      Employment status

**Field name:** EMPLOYMENT                      **Type:** N              **Width:** 2  
**Source:**              FN10 CL-R              **2<sup>nd</sup> source:** TEDS AD-17

**Codes:**              01 = Employed - full time (35+ hrs per week)  
02 = Employed - part time  
03 = Employed - active military duty  
04 = Season/migrant worker  
05 = Unemployed - seeking work  
06 = Unemployed - not seeking work  
07 = Homemaker  
08 = Student/under 17  
09 = Retired  
10 = Disabled  
11 = Correctional inmate  
97 = Other  
98 = Unknown

27      Primary source of household income

**Field name:** INCOME\_SRC                      **Type:** N              **Width:** 1  
**Source:**              FN10 CL-R

**Codes:**              (Source: Virginia)  
1 = Wages/salary  
2 = Public assistance  
3 = Retirement/pension  
4 = Disability income  
7 = Other  
8 = Unknown  
9 = None

28      Household annual income amount

**Field name:** INCOME\_HOU                      **Type:** N              **Width:** 6  
**Source:**              FN10 CL-R

Database: CLIENTS

Revision date: 12/01/2010

**Comments:** This field captures the client's household income. Some program data subsets (e.g., alcohol and drug treatment) mandate an additional data field recording the client's individual income.

29 No. of persons in household dependent on income

**Field name:** INCOME\_DEP                      **Type:** N              **Width:** 2  
**Source:** FN10 CL-R

**Comments:** Indicate the number of persons who are dependent upon the "Household annual income amount"

30 Eligibility for SSI/SSDI

**Field name:** ELIG\_SSI                      **Type:** N              **Width:** 1  
**Source:** FN10 CL-20

**Codes:** (Source: Virginia)  
1 = Eligible and receiving payments  
2 = Eligible but not receiving payments  
3 = Potentially eligible (under review)  
4 = Determined as ineligible  
8 = Unknown  
9 = Not applicable

31 Eligible for Medicaid

**Field name:** ELIG\_MCAID                      **Type:** N              **Width:** 1  
**Source:** DMH

**Codes:** (Source: Virginia)  
1 = Eligible and receiving payments  
2 = Eligible but not receiving payments  
3 = Potentially eligible (under review)  
4 = Determined as ineligible  
8 = Unknown  
9 = Not applicable

32 Expected principal source of payment

**Field name:** PAYMENT                      **Type:** N              **Width:** 2  
**Source:** FN10 CL-25              **2<sup>nd</sup> source:** TEDSAD-41

**Codes:** 01 = None (organization absorbs cost)  
02 = Personal resources  
03 = Service contract  
04 = Blue Cross/Blue Shield  
05 = CHAMPUS  
06 = Other commercial health insurance  
07 = Medicare (Title XVII)  
08 = Medicaid (Title XIX)  
09 = VA (Veteran's Administration)  
10 = Workmen's compensation  
11 = Other public (government) sources  
12 = CHIP (Childrens Health Ins Prg)  
97 = Other source of payment  
98 = Unknown

Database: CLIENTS  
Revision date: 12/01/2010

33 Veterans status

**Field name:** VET\_STATUS                      **Type:** C              **Width:** 1  
**Source:**              FN10 CL-12              **2<sup>nd</sup> source:** TEDS AD-37

**Codes:**              Y = Yes  
                         N = No  
                         U = Unknown

34 Physical impairment (1 of 2)

**Field name:** HANDICAP\_1                      **Type:** N              **Width:** 2  
**Source:**              FN10 CL-R

**Codes:**              (Source: Virginia, revised)  
                         01 = Deafness and blindness  
                         02 = Deafness/severe hearing loss  
                         03 = Blind/severe vision loss  
                         04 = Nonambulatory  
                         05 = Ambulatory only w. assistive device  
                         06 = Unable to communicate w. verbal speech  
                         07 = Traumatic brain injury  
                         08 = Major medical condition  
                         97 = Other  
                         98 = Unknown  
                         99 = Not applicable

**Comments:** The "physical impairments" fields (HANDICAP\_x) should be used to indicate physical conditions that may need to be taken into consideration when planning treatment. It is recommended that local data systems have the additional capacity to record specific client medical conditions using International Classification of Diseases (ICD) codes.

35 Physical impairment (2 of 2)

**Field name:** HANDICAP\_2                      **Type:** N              **Width:** 2  
**Source:**              FN10 CL-R

**Codes:**              (See "Physical impairment [1 of 2]" codes)

36 Presenting problem (1 of 2)

**Field name:** PROBLEM\_1                      **Type:** N              **Width:** 2  
**Source:**              FN10 CL-16

**Codes:**              CMHC Presenting problems:  
                         01 = Marital/family problems  
                         02 = Social/interpersonal (other than family)  
                         03 = Coping w. daily roles  
                         04 = Medical/somatic  
                         05 = Communication disorders  
                         06 = Depression/mood disorder  
                         07 = Attempt/threaten/danger of suicide  
                         08 = Alcohol  
                         09 = Drugs

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10 = Eating disorder  
11 = Thought disorder  
12 = Abuse/assault/rape victim  
13 = Abuse/assault/rape perpetrator  
14 = Involvement w. criminal justice system  
15 = Runaway behavior  
97 = Other  
98 = Unknown

**Comments:** Presenting problems allow clinicians to indicate suspected problem areas at intake, prior to the determination of DSM diagnosis. Different sets of presenting problems are permitted for different service settings (CMHCs, State psychiatric Hospitals, ICF/MRs).

37 Presenting problem (2 of 2)

**Field name:** PROBLEM\_2                      **Type:** N                      **Width:** 2  
**Source:**                      FN10 CL-16

**Codes:**                      (See "Presenting problem [1 of 2]" codes) If there is only one presenting problem, PROBLEM\_2 should be coded as "99".

38 Treatment category (MH, MR, SA, dual)

**Field name:** DISAB\_CATE                      **Type:** N                      **Width:** 1  
**Source:**                      DMH

**Codes:**                      1 = Mental health  
                                    2 = Mental retardation/developmental disability  
                                    3 = Substance abuse  
                                    4 = MH/MR                      (Dual diagnosis)  
                                    5 = MH/SA                      (Dual diagnosis)  
                                    6 = MR/SA                      (Dual diagnosis)  
                                    7 = MH/MR/SA                      (Dual diagnosis)  
                                    8 = Unknown                      (Dual diagnosis)

**Comments:** This field indicates the client's treatment category or multiple treatment categories if the client is dually diagnosed. In cases of multiple treatment categories, the primary focus of treatment is indicated in the "Primary treatment" (DISAB\_DUAL) field.

39 Primary treatment category (if dual)

**Field name:** DISAB\_DUAL                      **Type:** N                      **Width:** 1  
**Source:**                      DMH

**Codes:**                      1 = Mental health  
                                    2 = Mental retardation  
                                    3 = Substance abuse

**Comments:** An entry in this field is required if the client's "Treatment category" (DISAB\_CATE) is coded as 04-07 (dually diagnosed). This field indicates the treatment category that is considered the primary focus of treatment in cases where a client is indicated as dually diagnosed.

40 Is client seriously mentally ill (Y/N)?

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**Field name:** SPMI                      **Type:** C              **Width:** 1  
**Source:**              FN10 CL-19              **2<sup>nd</sup> source:** TEDS AD-35

**Codes:**              Y = Yes  
                         N = No  
                         U = Unknown

**Comments:** Reference DMH guidelines on definition of serious/persistent mental illness.

41      Is client seriously emotionally disturbed child?

**Field name:** SEDC                      **Type:** C              **Width:** 1  
**Source:**              DMH

**Codes:**              Y = Yes  
                         N = No  
                         U = Unknown

**Comments:** Reference DMH guidelines on definition of childhood serious emotional disturbance.

42      DSM Axis 1 diagnosis

**Field name:** DSM\_1                      **Type:** C              **Width:** 6  
**Source:**              FN10 CL-17              **2<sup>nd</sup> source:** TEDS AD-34

**Codes:**              (Refer to DSM IV classification manual.)

**Comments:** "On both Axes I and II, multiple diagnoses should be made when necessary to describe the current condition." Local systems should be capable of recording multiple diagnoses. However, only the primary diagnosis for each Axis is mandated for inclusion in the DMH core dataset.

43      DSM Axis 2 diagnosis

**Field name:** DSM\_2                      **Type:** C              **Width:** 6  
**Source:**              FN10 CL-17              **2<sup>nd</sup> source:** TEDS AD-34

**Codes:**              (Refer to DSM IV classification manual)

**Comments:** If no Axis 2 diagnosis is assigned to the client, providers can submit a secondary Axis 1 diagnosis in this field.

44      Is DSM Axis 1 or 2 the principal

**Field name:** DSM\_PRIN                      **Type:** N              **Width:** 1  
**Source:**              DMH

**Codes:**              1 = Axis 1 DSM is principal diagnosis  
                         2 = Axis 2 DSM is principal diagnosis

**Comments:** "When a person receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for occasioning the... admission... The principal diagnosis may be an Axis I or Axis II diagnosis." (DSM Manual)

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If only one DSM diagnosis is reported, DSM\_PRIN may be coded as 0.

45 Inpatient service code

**Field name:** INPAT\_SERV      **Type:** N      **Width:** 3  
**Source:** FN10 CL-06      **2<sup>nd</sup> source:** TEDS AD-09

**Codes:** (Refer to SERVICES data set)

**Comments:** This field and the next four (RESID\_SERV, PARTI\_SERV, OUTPA\_SERV, and CASEM\_SERV) are designed to capture the specific services currently being received by the client. These services are grouped into five basic areas: inpatient, residential, partial day, outpatient, and case management. If a client does not receive services in one or more of these areas, the field is left blank. A complete listing of DMH core service codes is listed in the SERVICES dataset. Integrated systems must be designed so that the information in these five fields are automatically derived from current (90 day) service ticket data. If a client should receive more than one type of service in a given area, the service code should reflect the greater level of activity.

46 Residential service code

**Field name:** RESID\_SERV      **Type:** N      **Width:** 3  
**Source:** FN10 CL-06      **2<sup>nd</sup> source:** TEDS AD-09

**Comments:** (See Inpatient service code" comments)

47 Partial day service code

**Field name:** PARTI\_SERV      **Type:** N      **Width:** 3  
**Source:** FN10 CL-06      **2<sup>nd</sup> source:** TEDS AD-09

**Comments:** (See Inpatient service code" comments)

48 Outpatient service code

**Field name:** OUTPA\_SERV      **Type:** N      **Width:** 3  
**Source:** FN10 CL-06      **2<sup>nd</sup> source:** TEDS AD-09

**Comments:** (See Inpatient service code" comments)

49 Case management service code

**Field name:** CASEM\_SERV      **Type:** N      **Width:** 3  
**Source:** FN10 CL-06      **2<sup>nd</sup> source:** TEDS AD-09

**Comments:** (See Inpatient service code" comments)

50 Discharge date

**Field name:** DIS\_DATE      **Type:** N      **Width:** 8  
**Source:** FN10 CL-05

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**Comments:** "Discharge date" (DIS\_DATE) indicates the date the client is formally Discharged from the organization. Do NOT use this field if the client is merely transferring from one program to another within the Organization.

51 Discharge status (transfer, adm discount, dis/ref)

**Field name:** DIS\_STATUS                      **Type:** N              **Width:** 1  
**Source:** FN10 CL-26

**Codes:**

- 1 = Evaluation only
- 2 = Treatment completed
- 3 = Therapist terminated treatment
- 4 = Client referred elsewhere
- 5 = Client terminated treatment
- 6 = Client moved from region
- 7 = Client deceased
- 8 = No contact with client within specified time frame /client eloped

52 Discharge referral category

**Field name:** DIS\_REFER                      **Type:** N              **Width:** 2  
**Source:** FN10 CL-27

**Codes:** (Source: Virginia, revised)

- 01 = DMH psychiatric hospital
- 02 = Other MS CMHC
- 03 = DMH MR facility
- 04 = Private psychiatric hospital
- 05 = Other MH care provider
- 06 = Other MR care provider
- 07 = Other A&D care provider
- 08 = General hospital/other health care provider
- 09 = Self
- 10 = Family/friend
- 11 = School/educational agency
- 12 = Employer/EAP
- 13 = Police/sheriff
- 14 = Court/correctional facility
- 15 = Probation/parole
- 16 = Self help program
- 17 = Vocational rehabilitation/job placement
- 18 = Nursing home (non-DMH)
- 19 = Boarding home
- 20 = Group home (non-DMH)
- 21 = Other social services agency
- 97 = Other
- 98 = Unknown
- 99 = None

**Comments:** If "Discharge referral category" is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) and the identity of the organization to which referred is known, the "Discharge referral organization code" (DIS\_REF\_OR) should be completed.

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- 53 Discharge referral organization code (DMH only)  
**Field name:** DIS\_REF\_OR **Type:** N **Width:** 3  
**Source:** DMH  
  
**Codes:** (See "Organization code")  
  
**Comments:** Complete this field only if "Discharge referral category" (DIS\_REFERER) entry is 01, 02, or 03.
- 54 County of residence upon discharge  
  
**Field name:** DIS\_CNTY **Type:** N **Width:** 2  
**Source:** FN10 CL-15  
  
**Codes:** (Refer to COUNTY data set for a listing of numeric codes for Miss. counties.)
- 55 Medicaid number  
  
**Field name:** MCAID\_NUMBER **Type:** N **Width:** 9  
**Source:**
- 56 State ID  
  
**Field Name:** STATE\_ID **Type:** N **Width:** 9  
**Source:** DMH  
  
**Comments:** This number is assigned by Centralized Database System and returned to the provider. It can be used for identifying the client in subsequent submissions of active client and discharges data rather than using the social security number.
- 57 Client receives integrated treatment  
  
**Field name:** INTGR\_TREAT **Type:** C **Width:** 1  
**Source:** DMH  
  
**Codes:** Y = Yes  
N = No
- 58 Receiving ACT/PACT Assertive Community Treatment  
  
**Field name:** ACT\_TREAT **Type:** C **Width:** 1  
**Source:** DMH  
  
**Codes:** Y = Yes  
N = No
- 59 Program code  
  
**Field name:** PROGRAM\_CODE **Type:** C **Width:** 4  
**Source:** DMH  
  
**Codes:** 1000, 2000, 3000, 4000, 5000, 8888



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**Comments:** Program under which client receives treatment. A client can be admitted to an organization, enter a program within that organization, exit that program, enter a different program, etc. all within the range of dates from his admission into and discharge from the organization. If a client receives treatment in 100-199 services code, program code = 1000; if service code 200-299, then program code = 2000; if service code 300-399, then program code = 3000; if service code 400-499, then program code = 4000; if service code 500-599, then program code = 5000; if service code 600-916, then program code = 8888.

60 Entry date (most current) into program; if service code 200-299, then program code = 2000

**Field name:** ENT\_DATE                      **Type:** N              **Width:** 8  
**Source:** NIDA AD-08

**Comments:** Captures entry date to a specific program area. Compare with "Admission date to organization" (ADM\_DATE) which captures date of admission to parent organization. NIDA: "The day when the client receives his or her first direct treatment or recovery service."

61 Exit date from program

**Field name:** EXT\_DATE                      **Type:** N              **Width:** 8  
**Source:**

**Comments:** Captures exit date from a specific program area.

Alcohol and drug services client data subset

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Field	Description	Field Name	Type	Width	Source	2 <sup>nd</sup> Source
62	Entry date (most current) into program	SA_ENT_DATE	N	8	NIDA AD-08	DT_ADMIS
63	Days client waited to begin treatment	DAYS_WAIT	N	3	NIDA-AD-45	O_TIME_WT
64	Number of prior treatment episodes	NUM_PRIOR	N	1	NIDA-AD-10	NUM_PRIOR
65	Prior treatment in facility in last year	PRIOR_TX	C	1	DMH A&D	
66	State of residence	STATE	C	2	NIDA-AD-02	STATE_CODE
67	Client monthly income amount	INCOME_PER	N	5	DMH A&D	
68	Health insurance (1 of 2)	INSURAN_1	N	2	NIDA-AD_40	O_HLTH_INS
69	Health insurance (2 of 2)	INSURAN_2	N	2	NIDA-AD_40	O_HLTH_INS
70	Is client pregnant at time of admission (Y/N)?	PREGNANT	C	1	NIDA-AD-36	O_PREGNANT
71	Psychiatric problem in addition to A&D(Y/N)?	PSYCHIAT	C	1	NIDA-AD-35	O_PSYCHIAT
72	Number of arrests in last 30 days	ARRESTS	N	2	DMH A&D	
73	Type of arrests (1 of 3)	TYPE_ARR_1	N	2	DMH A&D	
74	Type of arrests (2 of 3)	TYPE_ARR_2	N	2	DMH A&D	
75	Type of arrests (3 of 3)	TYPE_ARR_3	N	2	DMH A&D	
76	DUI offender	DUI	N	1	DMH A&D	
77	Criminal justice referral	JUS_REFER	N	2	NIDA-AD-43	OCRIM_JUS
78	Use of Methodone as part of treatment (Y/N)?	METHADONE	C	1	NIDA-AD-30	METHADONE
79	Substance problem code (1 of 3)	SUB_CODE_1	N	2	NIDA-AD-18	SUB_CODE_1
80	Substance problem code (2 of 3)	SUB_CODE_2	N	2	NIDA-AD-22	SUB_CODE_2
81	Substance problem code (3 of 3)	SUB_CODE_3	N	2	NIDA-AD-26	SUB_CODE_3
82	Detailed drug code (1 of 3)	DETAIL_1	N	4	NIDA-AD-31	O_DETAIL_1

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Field	Description	Field Name	Type	Width	Source	2 <sup>nd</sup> Source
83	Detailed drug code (2 of 3)	DETAIL_2	N	4	NIDA-AD-32	O_DETAIL_2
84	Detailed drug code (3 of 3)	DETAIL_3	N	4	NIDA-AD-33	O_DETAIL_3
85	Usual route of administration (1 of 3)	RT_ADMIN_1	N	2	NIDA-AD-19	RT_ADMIN_1
86	Usual route of administration (2 of 3)	RT_ADMIN_2	N	2	NIDA-AD-23	RT_ADMIN_2
87	Usual route of administration (3 of 3)	RT_ADMIN_3	N	2	NIDA-AD-27	RT_ADMIN_3
88	Frequency of use (1 of 3)	FREQ_USE_1	N	2	NIDA-AD-20	FREQ_USE_1
89	Frequency of use (2 of 3)	FREQ_USE_2	N	2	NIDA-AD-24	FREQ_USE_2
90	Frequency of use (3 of 3)	FREQ_USE_3	N	2	NIDA-AD-28	FREQ_USE_3
91	Age of first use of substance (1 of 3)	FRST_USE_1	N	2	NIDA-AD-21	FRST_USE_1
92	Age of first use of substance (2 of 3)	FRST_USE_2	N	2	NIDA-AD-25	FRST_USE_2
93	Age of first use of substance (3 of 3)	FRST_USE_3	N	2	NIDA-AD-29	FRST_USE_3
94	Services associated with after care (1 of 3)	AFT_CARE_1	N	2	DMH A&D	
95	Services associated with after care (2 of 3)	AFT_CARE_2	N	2	DMH A&D	
96	Services associated with after care (3 of 3)	AFT_CARE_3	N	2	DMH A&D	
97	Vocational rehabilitation status	VOC_REHAB	N	1	DMH A&D	
98	Program exit date	SA_EXT_DATE	N	8	NIDA-DS	
99	Discharge date from substance abuse treatment	SA_DIS_DATE	N	8	NIMH CL-05	
100	County of residence upon discharge	SA_DIS_CNTY	N	2	NIMH CL-15	
101	Discharge status (transfer, adm discont, dis/ref)	SA_DIS_STATUS	N	1	NIMH CL-26	
102	Discharge referral category	SA_DIS_REFER	N	2	NIMH CL-27	
103	Discharge referral org. code (DMH only)	SA_DIS_REF_OR	N	3	DMH	

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Field	Description	Field Name	Type	Width	Source	2 <sup>nd</sup> Source
104	Has client drug involvement improved (Y/N)?	DRUG_IMPRO	C	1	NIDA-DS	
105	Has client dysfunctional level improved (Y/N)?	DYSF_IMPRO	C	1	NIDA-DS	
106	Has client dependency level improved (Y/N)?	DEPE_IMPRO	C	1	NIDA-DS	
107	Program exit substance abuse problem code 1	EXT_SUB_1	N	2	NIDA-DS	
108	Program exit substance abuse problem code 2	EXT_SUB_2	N	2	NIDA-DS	
109	Program exit substance abuse problem code 3	EXT_SUB_3	N	2	NIDA-DS	
110	Program exit frequency of use (1 of 3)	EXT_FREQ_1	N	1	NIDA-DS	
111	Program exit frequency of use (2 of 3)	EXT_FREQ_2	N	1	NIDA-DS	
112	Program exit frequency of use (3 of 3)	EXT_FREQ_3	N	1	NIDA-DS	
113	Living arrangement at discharge	DIS_LIVING	N	1	DMH A&D	NIDA DIS 23
114	Type of residence at discharge	DIS_RESID	N	2	DMH A&D	
115	Education at discharge	DIS_EDUC	N	2	DMH A&D	
116	Employment at discharge	DIS_EMPLOY	N	2	DMH A&D	NIDA DIS 24
117	No. of arrests in the last 30 days at discharge	DIS_ARRESTS	N	2	DMH A&D	NIDA DIS 26
118	Type of arrests I at discharge (1 of 3)	DIS_TYPARR1	N	2	DMH A&D	
119	Type of arrests II at discharge (2 of 3)	DIS_TYPARR2	N	2	DMH A&D	
120	Type of arrests III at discharge (3 of 3)	DIS_TYPARR3	N	2	DMH A&D	

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62 Entry date (most current) into program

**Field name:** SA\_ENT\_DATE      **Type:** N      **Width:** 8  
**Source:** NIDA AD-08

**Comments:** Captures entry date to a specific program area. Compare with "Admission date to organization" (ADM\_DATE) which captures date of admission to parent organization. NIDA: "The day when the client receives his or her first direct treatment or recovery service."

63 Days client waited to begin treatment

**Field name:** DAYS\_WAIT      **Type:** N      **Width:** 3  
**Source:** NIDA AD-45

**Codes:**      000-996 = Days Waiting  
                 998 = Unknown

**Comments:** NIDA: "Indicates the number of days from the first contact or request for services until the client was admitted and the first clinical service was provided."

64 Number of prior treatment episodes

**Field name:** NUM\_PRIOR      **Type:** N      **Width:** 1  
**Source:** NIDA AD-10

**Codes:**      0 = None  
                 1 = 1 previous episode  
                 2 = 2 previous episodes  
                 ...  
                 5 = 5 or more previous episodes  
                 8 = Unknown

**Comments:** NIDA: "Indicates the number of previous treatments the client has received in any drug or alcohol program. Changes in service for the same episode should NOT be counted as separate prior episodes. It is preferred that the number of prior treatments be a self reporting field and is collected at the time of client intake."

65 Prior treatment in facility in last year (Y/N)?

**Field name:** PRIOR\_TX      **Type:** C      **Width:** 1  
**Source:** DMH A&D

**Codes:**      Y = Yes  
                 N = No  
                 U = Unknown

66 State of residence

**Field name:** STATE      **Type:** C      **Width:** 2  
**Source:** NIDA AD-02

**Codes:** (Refer to STATES data set for two character postal abbreviation for states)

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67 Client monthly income amount

**Field name:** INCOME\_PER      **Type:** N      **Width:** 5  
**Source:** DMH A&D

**Comments:** Enter client's average monthly income. Compare with "Household annual income amount" (CLIENT.INCOME\_HOU) which captures the annual income for the household of which the client is a member.

68 Health insurance (1 of 2)

**Field name:** INSURAN\_1      **Type:** N      **Width:** 2  
**Source:** NIDA AD-40

**Codes:**  
01 = Private insurance  
02 = Blue Cross/Blue Shield  
03 = Medicare  
04 = Medicaid  
05 = Health Maintenance Organization (HMO)  
97 = Other (e.g., CHAMPUS)  
98 = Unknown  
99 = None

**Comments:** NIDA requires information on specific client health insurance as separate from expected source of payment.

69 Health insurance (2 of 2)

**Field name:** INSURAN\_2      **Type:** N      **Width:** 2  
**Source:** NIDA AD-40

**Codes:** (See "Health insurance [1 of 2]" codes)

70 Is client pregnant at time of admission(Y/N)?

**Field name:** PREGNANT      **Type:** C      **Width:** 1

**Codes:**  
Y = Yes  
N = No  
X = Not Applicable (This code is for male clients)  
U = Unknown

71 Psychiatric problems in addition to A&D (Y/N)?

**Field name:** PSYCHIAT      **Type:** C      **Width:** 1  
**Source:** NIDA AD-35

**Codes:**  
Y = Yes  
N = No  
U = Unknown

72 Number of arrests in last 30 days

**Field name:** ARRESTS      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** 00 = None

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01-96 = Number of Arrest

98 = Unknown

**Comments:** Enter the number of arrests the client has received in the 30 days prior to beginning of treatment.

73 Type of arrests (1 of 3)

**Field name:** TYP\_ARR\_1           **Type:** N           **Width:** 2  
**Source:** DMH A&D

**Codes:**           01 = None  
              02 = Public drunkenness  
              03 = DUI  
              04 = Drug violation  
              05 = Other A&D offense  
              06 = Other - A&D related  
              07 = Other - not A&D related  
              98 = Unknown

74 Type of arrests (2 of 3)

**Field Name:** TYP\_ARR\_2           **Type:** N           **Width:** 2  
**Source:** DMH A&D

**Codes:**           (See "Type of arrest [1 of 3]" codes)

75 Type of arrests (3 of 3)

**Field name:** TYP\_ARR\_3           **Type:** N           **Width:** 2  
**Source:** DMH A&D

**Codes:**           (See "Type of arrest [1 of 3]" codes)

76 DUI offender

**Field name:** DUI                   **Type:** N           **Width:** 1  
**Source:** DMH A&D

**Codes:**           1 = First time DUI  
                    2 = 2 or more DUI, assessed  
                    3 = 2 or more DUI, not assessed  
                    9 = Not applicable

77 Criminal justice referral

**Field name:** JUS\_REFER           **Type:** N           **Width:** 2  
**Source:** NIDA AD-43

**Codes:**           01 = State/federal court  
                    02 = Formal adjudication process (other than state/federal)  
                    03 = Probation/parole  
                    04 = Other legal entity  
                    05 = Diversionary program  
                    06 = Prison  
                    07 = DUI/DWI  
                    97 = Other



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98 = Unknown  
99 = Not applicable

78 Use of Opioid Replacement Therapy as part of treatment

**Field name:** METHADONE      **Type:** C      **Width:** 1  
**Source:** NIDA AD-30  
  
**Codes:** Y = Yes  
          N = No  
          U = Unknown

79 Substance problem code (1 of 3)

**Field name:** SUB\_CODE\_1      **Type:** N      **Width:** 2  
**Source:** NIDA AD-18  
  
**Codes:** 01 = None  
          02 = Alcohol  
          03 = Cocaine/crack  
          04 = Marijuana/Hashish  
          05 = Heroin  
          06 = Non-prescription methadone  
          07 = Other opiates and synthetics  
          08 = PCP (Phencylidine)  
          09 = Other hallucinogens  
          10 = Methamphetamine  
          11 = Other amphetamines  
          12 = Other stimulants  
          13 = Benzodiazepine  
          14 = Other tranquilizers  
          15 = Barbiturates  
          16 = Other sedatives or hypnotics  
          17 = Inhalants  
          18 = Over-the-counter  
          20 = Other  
          98 = Unknown  
          99 = Not available

80 Substance problem code (2 of 3)

**Field name:** SUB\_CODE\_2      **Type:** N      **Width:** 2  
**Source:** NIDA AD-22  
  
**Codes:** (See "Substance problem code [1 of 3]")

81 Substance problem code (3 of 3)

**Field name:** SUB\_CODE\_3      **Type:** N      **Width:** 2  
**Source:** NIDA AD-26  
  
**Codes:** (See "Substance problem code [1 of 3]")

82 Detailed drug code (1 of 3)

**Field name:** DETAIL\_1      **Type:** N      **Width:** 4  
**Source:** NIDA AD-31

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**Codes :**

- 0201 = Alcohol
- 0301 = Crack
- 0302 = Other cocaine
- 0401 = Marijuana/hashish
- 0501 = Heroin/morphine
- 0601 = Methadone
- 0701 = Codeine
- 0702 = Propoxyphene (Darvon)
- 0703 = Oxycodone (Oxycontin)
- 0704 = Meperidine Demerol)
- 0705 = Hydromorphone (Dilaudid)
- 0706 = Other narcotic analgesics
- 0707 = Pentazocine (Talwin)
- 0708 = Hydrocodone (Vicodin)
- 0709 = tramadol (Ultram)
- 0801 = PCP or PCP combinations
- 0901 = LSD
- 0902 = Other hallucinogens
- 1001 = Methamphetamine/speed
- 1101 = Amphetamine
- 1103 = Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 1109 = Other amphetamines
- 1201 = Other stimulants
- 1202 = Methylphenidate (Ritalin)
- 1301 = Alprazolam (Xanax)
- 1302 = Chlordiazepoxide (Librium)
- 1303 = Clorazepate (Tranxene)
- 1304 = Diazepam (Valium)
- 1305 = Flurazepam (Dalmane)
- 1306 = Lorazepam (Ativan)
- 1307 = Triazolam (Halcion)
- 1308 = Other benzodiazepines
- 1309 = Flunitrazepam (Rohypnol)
- 1310 = Clonazepam (Klonopin, Rivotril)
- 1401 = Meprobamate (Miltown)
- 1403 = Other tranquilizer
- 1501 = Phenobarbital
- 1502 = Secobarbital/amobarbital (Tuinal)
- 1503 = Secobarbital (Seconal)
- 1509 = Other barbiturate sedatives
- 1601 = Ethchlorvynol (Placidyl)
- 1602 = Glutethimide (Doriden)
- 1603 = Methaqualone
- 1604 = Other non-barbiturate sedatives
- 1605 = Other sedatives
- 1701 = Aerosols
- 1702 = Nitrites
- 1703 = Other inhalants
- 1704 = Solvents
- 1705 = Anesthetics
- 1801 = Diphenhydramine
- 1809 = Other over-the-counter
- 2001 = Diphenylhydantoin/Phenytoin (Dilantin)
- 2002 = Other drugs
- 2003 = GHB/GBL (Gamma-hydroxybutyrate, gamma-butyrolactone)

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2004 = Ketamine (Special K)  
9998 = Unknown  
9999 = Not available

83 Detailed Drug Code (2 of 3)

**Field name:** DETAIL\_2                      **Type:** N                      **Width:** 4  
**Source:** NIDA AD-32  
  
**Codes:** (See "Detailed drug code [1 of 3]")

84 Detailed drug code (3 of 3)

**Field name:** DETAIL\_3                      **Type:** N                      **Width:** 4  
**Source:** NIDA AD-33  
  
**Codes:** (See "Detailed drug code [1 of 3]")

85 Usual route of administration (1 of 3)

**Field name:** RT\_ADMIN\_1                      **Type:** N                      **Width:** 2  
**Source:** NIDA AD-19  
  
**Codes:**  
1 = Oral  
2 = Smoking  
3 = Inhalation  
4 = Injection  
5 = Suppositories  
7 = Other  
8 = Unknown  
9 = Not applicable

86 Usual route of administration (2 of 3)

**Field name:** RT\_ADMIN\_2                      **Type:** N                      **Width:** 2  
**Source:** NIDA AD-23  
  
**Codes:** (See "Usual route of administration [1 of 3]" codes)

87 Usual route of administration (3 of 3)

**Field name:** RT\_ADMIN\_3                      **Type:** N                      **Width:** 2  
**Source:** NIDA AD-27  
  
**Codes:** (See "Usual route of administration [1 of 3]" codes)

88 Frequency of use (1 of 3)

**Field name:** FREQ\_USE\_1                      **Type:** N                      **Width:** 2  
**Source:** NIDA AD-20  
  
**Codes:**  
1 = No use in past month  
2 = 1-3 times past month  
3 = 1-2 times/wk past month  
4 = 3-6 times/wk past month  
5 = Daily past month

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6 = 2-3 times daily past month  
7 = 3+ times daily past month  
8 = Unknown  
9 = Not applicable

89 Frequency of use (2 of 3)

**Field name:** FREQ\_USE\_2      **Type:** N      **Width:** 2  
**Source:** NIDA AD-24

**Codes:** (See "Frequency of use [1 of 3]" codes)

90 Frequency of use (3 of 3)

**Field name:** FREQ\_USE\_3      **Type:** N      **Width:** 2  
**Source:** NIDA AD-28

**Codes:** (See "Frequency of use [1 of 3]" codes)

91 Age of first use of substance (1 of 3)

**Field name:** FRST\_USE\_1      **Type:** N      **Width:** 2  
**Source:** NIDA AD-21

**Codes:** 00 = Newborn with substance dependency problem  
01-95 = Age at first use  
96 = Not Applicable (Use only if [79] is none  
98 = Unknown

**Comments:** NIDA: "For drugs other than alcohol, this field identifies the first use of the substance... For alcohol, this field records the age of first intoxication."

92 Age of first use of substance (2 of 3)

**Field name:** FRST\_USE\_2      **Type:** N      **Width:** 2  
**Source:** NIDA AD-25

93 Age of first use of substance (3 of 3)

**Field name:** FRST\_USE\_3      **Type:** N      **Width:** 2  
**Source:** NIDA AD-29

94 Services associated with after care (1 of 3)

**Field name:** AFT\_CARE\_1      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** 01 = Individual counseling  
02 = Group counseling  
03 = Family counseling  
04 = Alcoholics Anonymous  
05 = Education  
06 = Transitional residential treatment

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07 = Employment  
08 = Medical  
09 = Other mental health center  
10 = Legal  
97 = Other  
98 = Unknown  
99 = None/Not applicable

**Comments:** Indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.

95 Services associated with after care (2 of 3)

**Field name:** AFT\_CARE\_2      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** (See "Services associated with after care [1 of 3]" codes)

**Comments:** (See comments under "Services associated with after care [1 of 3]" )

96 Services associated with after care (3 of 3)

**Field name:** AFT\_CARE\_3      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** (See "Services associated with after care [1 of 3]" codes)

**Comments:** (See comments under "Services associated with after care [1 of 3]" )

97 Vocational rehabilitation status

**Field name:** VOC\_REHAB      **Type:** N      **Width:** 1  
**Source:** DMH A&D

**Codes:**  
1 = Client receives employment related VR services ONLY  
2 = Client receives maintenance support ONLY (Transitional residential treatment)  
3 = Client receives BOTH employment related services and maintenance support  
8 = Unknown  
9 = Not applicable (client receives no VR services)

**Comments:** A client may receive services through the Mississippi Department of Vocational Rehabilitation Services. Employment related services include training and job placement. Clients may also receive maintenance support payments while residing in transitional residential treatment programs. Update as necessary during enrollment in treatment services.

98 Program exit date

**Field name:** SA\_EXT\_DATE      **Type:** N      **Width:** 8  
**Source:** NIDA DS

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**Comments:** "Program exit date" (EXT\_DATE) indicates the date the client leaves a specific program. In organizations operating a single program this is the same as organization "Discharge date." In larger organizations, however, a client may exit from one program and enter another program without being discharged from the overall organization.

99 Discharge date from organization

**Field name:** SA\_DIS\_DATE      **Type:** N      **Width:** 8  
**Source:** FN10 CL-05

**Comments:** "Discharge date from substance abuse treatment" (DIS\_DATE) indicates the date the client is formally discharged from substance abuse treatment.

100 County of residence upon discharge

**Field name:** SA\_DIS\_CNTY      **Type:** N      **Width:** 2  
**Source:** FN10 CL-15

**Codes:** (Refer to COUNTY data set for a listing of numerical codes for Miss. counties.)

**Comments:** Same information as contained in CLIENTS data set "County of residence upon discharge" (CLIENTS.DIS\_CNTY).

101 Discharge status (transfer, adm discount, dis/ref)

**Field name:** SA\_DIS\_STAT      **Type:** N      **Width:** 1  
**Source:** FN10 CL-26

**Codes:** 1 = Evaluation only  
2 = Treatment completed  
3 = Therapist terminated treatment  
4 = Client referred elsewhere  
5 = Client terminated treatment  
6 = Client moved from region  
7 = Client deceased  
8 = No contact with client within specified time frame

**Comments:** Same information as contained in CLIENTS data set "Discharge status" (CLIENTS.DIS\_STATUS).

102 Discharge referral category

**Field name:** SA\_DIS\_REFERER      **Type:** N      **Width:** 2  
**Source:** FN10 CL-27

**Codes:** 01 = DMH psychiatric hospital  
02 = Other MS CMHC  
03 = DMH MR facility  
04 = Private psychiatric hospital  
05 = Other MH care provider  
06 = Other MR care provider  
07 = Other A&D care provider  
08 = General hospital/other health care provider  
09 = Self

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10 = Family/friend  
11 = School/educational agency  
12 = Employer/EAP  
13 = Police/sheriff  
14 = Court/correctional facility  
15 = Probation/parole  
16 = Self help program  
17 = Vocational rehabilitation/ job placement  
97 = Other  
98 = Unknown

**Comments:** Same information as contained in CLIENTS data set "Discharge referral category" (CLIENTS.DIS\_REFER).

103 Discharge referral organization code (DMH only)

**Field name:** SA\_DIS\_REF\_OR      **Type:** N      **Width:** 3  
**Source:** DMH

**Codes:** (Refer to CLIENTS dataset "Organization code")

**Comments:** Complete this field only if "Discharge referral category" (DIS\_REFER) entry is 01, 02, or 03. Same information as contained in CLIENTS data set "Discharge referral organization code" (CLIENTS.DIS\_REF\_OR).

104 Has client drug involvement improved(Y/N)?

**Field name:** DRUG\_IMPRO      **Type:** C      **Width:** 1  
**Source:** NIDA DS

**Codes:** Y = Yes  
N = No  
U = Unknown

105 Has client dysfunctional level improved (Y/N)?

**Field name:** DYSF\_IMPRO      **Type:** C      **Width:** 1  
**Source:** NIDA DS

**Codes:** Y = Yes  
N = No  
U = Unknown

106 Has client dependency level improved (Y/N)?

**Field name:** DEPE\_IMPROV      **Type:** C      **Width:** 1  
**Source:** NIDA DS

**Codes:** Y = Yes  
N = No  
U = Unknown

107 Program exit substance abuse problem code (1 of 3)

**Field name:** EXT\_SUB\_1      **Type:** N      **Width:** 2  
**Source:** NIDA DS

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**Codes:** (See "Substance problem code [1 of 3]")

108 Program exit substance abuse problem code (2 of 3)

**Field name:** EXT\_SUB\_2      **Type:** N      **Width:** 2  
**Source:** NIDA DS

**Codes:** (See "Substance problem code [1 of 3]")

109 Program exit substance abuse problem code (3 of 3)

**Field name:** EXT\_SUB\_3      **Type:** N      **Width:** 2  
**Source:** NIDA DS

**Codes:** (See "Substance problem code [1 of 3]")

110 Program exit frequency of use (1 of 3)

**Field name:** EXT\_FREQ\_1      **Type:** N      **Width:** 1  
**Source:** NIDA DS

**Codes:** (See "Frequency of use [1 of 3]" codes)

111 Program exit frequency of use (2 of 3)

**Field name:** EXT\_FREQ\_2      **Type:** N      **Width:** 1  
**Source:** NIDA DS

**Codes:** (See "Frequency of use [1 of 3]" codes)

112 Program exit frequency of use (3 of 3)

**Field name:** EXT\_FREQ\_3      **Type:** N      **Width:** 1  
**Source:** NIDA DS

**Codes:** (See "Frequency of use [1 of 3]" codes)

113 Living arrangement at discharge

**Field name:** DIS\_LIVING      **Type:** N      **Width:** 1  
**Source:** NIDA DS

**Codes:** (Source: Virginia)  
1 = Lives alone  
2 = Lives w. relatives (nuclear or extended)  
3 = Lives w. non-relatives

114 Type of residence at discharge

**Field name:** DIS\_RESID      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** (Source North Carolina, revised)  
01 = Private residence (house, mobile home)  
02 = Other independent (rooming house, dorm)  
03 = Homeless/Shelter  
04 = Institution (psychiatric hospital, MR facility)



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05 = Community program (nursing home, group home)  
06 = Correctional facility  
07 = Other  
08 - Foster Home  
09 - Residential Care  
10 - Crisis Residence  
11 - Children's Residential Treatment  
99 = Not available/Unknown

115 Education at discharge

**Field name:** DIS\_EDUC                      **Type:** N              **Width:** 2  
**Source:** DMH A&D

**Codes:** (Source: North Carolina, revised)  
51 = Preschool/kindergarten  
52 = Special education  
01 = First grade  
..  
12 = Twelfth grade  
13 = GED  
14 = Technical/trade school  
15 = Some college, no degree  
16 = Associate degree  
17 = Bachelors degree  
18 = Masters degree  
19 = Ph.D.  
98 = Unknown  
99 = Never attended school

116 Employment at discharge

**Field name:** DIS\_EMPL                      **Type:** N              **Width:** 2  
**Source:** DMH A&D

**Codes:** 01 = Employed - full time (35+ hrs per week)  
02 = Employed - part time  
03 = Employed - active military duty  
04 = Season/migrant worker  
05 = Unemployed - seeking work  
06 = Unemployed - not seeking work  
07 = Homemaker  
08 = Student/under 17  
09 = Retired  
10 = Disabled  
11 = Correctional inmate  
97 = Other  
98 = Unknown

117 No. of arrests in the last 30 days at discharge

**Field name:** DIS\_ARREST                      **Type:** N              **Width:** 2  
**Source:** DMH A&D

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**Codes:** 00 = None  
01-96 = Number of Arrest  
98 = Unknown

**Comments:** Enter the number of arrests the client has received in the 30 days prior to discharge from treatment.

118 Type of arrests I at discharge (1 of 3)

**Field name:** DIS\_TYPAR1      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** 01 = None  
02 = Public drunkenness  
03 = DUI  
04 = Drug violation  
05 = Other A&D offense  
06 = Other - A&D related  
07 = Other - not A&D related

119 Type of arrests II at discharge (2 of 3)

**Field name:** DIS\_TYPAR2      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** (See "Type of arrest at discharge [1 of 3]" codes)

120 Type of arrests III at discharge (3 of 3)

**Field name:** DIS\_TYPAP3      **Type:** N      **Width:** 2  
**Source:** DMH A&D

**Codes:** (See "Type of arrest at discharge [1 of 3]" codes)

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## **DMH services data set**

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Revision Date: 07/28/2008

Code Service MH MR SA CY

INPATIENT (1000)

101	Psychiatric Services – Acute Treatment	X			X
102	Psychiatric Services – Intermediate	X			
103	Psychiatric Services – Continuing Treatment	X			
104	Psychiatric Services – Continued Medical Treatment	X			
105	Psychiatric Services – C/Y – Acute Treatment	X			X
106	Psychiatric Services – C/Y – Long Term	X			X
110	Crisis Stabilization Unit	X		X	
111	Chemical Dependency Unit (CDU)			X	
112	Mental Illness / Chemical Addiction Treatment (MICA)	X		X	
121	Forensics	X			
122	Nursing Facility	X			
123	Medical Surgical Hospital	X			

RESIDENTIAL FACILITY FOR PERSONS WITH MENTAL RETARDATION

151	Intermediate Care Facility – Mental Retardation(ICF/MR) - Large		X		
152	Intermediate Care Facility – Mental Retardation – Small		X		
153	Other Residential Services for Persons with MR (Not valid after 7/1/12)		X		

OTHER INPATIENT

161	Community Hospital	X			X
162	Designated Mental Health Holding Facilities	X			

RESIDENTIAL (2000)

201	Group Home – Programmatic (Superseded by 215)		X		
202	Group Home – Non-Programmatic (Adult)	X			
203	Halfway House (Not valid after 7/1/12)	X			
204	Supervised Housing (Superseded by 215)	X			
205	Supported Living	X	X		
206	Primary Residential Treatment.			X	
207	Transitional Residential Treatment			X	
208	Therapeutic Foster Care / Treatment Foster Care				X
209	Sponsored Placement (Not valid after 7/1/12)				
210	In-Home Respite (Superseded by 903)	X			X
211	Group Home – Programmatic (child) Therapeutic				X
212	Intensive Residential Treatment – C/Y (Not valid after 7/1/12)	X			X
213	Intensive Residential Treatment – Adult (Superseded by 110)	X			
214	Retirement Living – MR/DD (Not valid after 7/1/12)		X		
215	Supervised Living	X	X		X

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216	Supported Housing (Superseded by 205)	X			
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PSYCHOSOCIAL REHABILITATIVE – Day Program Options (3000)

301	Acute Partial Hospitalization (Superseded by 313)	X			
302	Psychosocial Rehabilitation (Superseded by 314)	X			X
303	Work Activity/Sheltered Workshop (Superseded by 315)	X	X		
304	Supported Employment – Individual		X		
305	Supported Employment – Group		X		
306	Transitional Employment	X			
307	Day Health and Rehabilitative Services (Superseded by 317)	X	X		
308	Alternative Day Support (Superseded by 317).	X	X		
309	Therapeutic Day Treatment – Substance Abuse			X	
310	Therapeutic Day Treatment – C/Y (Superseded by 318)				X
311	Adult Day Center Services – Alzheimer's	X			
312	Psychosocial Rehabilitation (Elderly) (Superseded by 319 & 320)	X			
313	Acute Partial Hospitalization	X			X
314	Psychosocial Rehabilitation	X			
315	Work Activity		X		
316	Employment Services (Not valid after 7/1/12)	X	X		
317	Day Support Services	X		X	
318	Day Treatment (Child)				X
319	Senior Psychosocial Rehabilitation Services - Community	X			
320	Senior Psychosocial Rehabilitation Services – Nursing Facility	X			
321	Drop-In Center	X			X

PSYCHOTHERAPEUTIC SERVICES/ Outpatient (4000)

401	Individual Therapy (Superseded by 426)	X	X	X	X
402	Family Therapy	X	X	X	X
403	Group Therapy (Superseded by 427)	X	X	X	X
404	Evaluation Only	X	X	X	X
405	Intensive Outpatient – Substance Abuse (Superseded by 420)			X	
406	Medication Evaluation and Monitoring	X	X	X	X
407	Nursing Services (Superseded by 428)	X	X	X	X
408	Early Intervention (Superseded by 429)		X		X
409	Consumer Education and Support. (Not valid after 7/1/12)	X			
410	Family Education and Support (Superseded by 430)	X			
411	Injection of Psychotropic Medication (Superseded by 431)	X			X
412	Home and Community Based Services – MR/DD waiver (Superseded by 900 series codes).		X		
413	Pre-evaluation screening (Superseded by 432)	X			
414	Assistive technology (Not valid after 7/1/12)	X	X		
415	Crisis intervention (Not valid after 7/1/12)	X	X	X	X
416	Intake/Biopsycho-social Assessment	X	X	X	X

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417	Treatment Plan Review	X	X	X	X
418	Multi-family Group Therapy	X	X	X	X
419	Peer Support	X	X	X	X
420	Intensive Outpatient – substance abuse			X	
421	Assertive Community Treatment	X			
422	Family Psycho-Education (Superseded by 418)	X			X
423	Illness Management/Recovery	X			
424	Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)	X		X	
425	Medication Management (Superseded by 406)	X			
426	Individual therapy	X	X	X	X
427	Group therapy	X	X	X	X
428	Nursing Assessment	X	X	X	X
429	Early intervention		X		X
430	Family education and support	X			X
431	Medication Injection	X			X
432	Pre-evaluation screening	X			X
433	Targeted Case Management	X	X	X	X
434	Intensive Outpatient Psychiatric Services – C/Y				X
CASE MANAGEMENT (5000)					
501	Case management (Superseded by 507 and 508)	X	X	X	X
502	Intensive case management	X	X	X	X
503	Aftercare – substance abuse			X	
504	MIMS (Not valid after 7/1/12)	X	X	X	
505	School Based Services (Not valid after 7/1/12)		X	X	
506	Individual Therapy Support (Not valid after 7/1/12)	X	X	X	
507	Case management (Superseded by 509)	X		X	X
508	Case management for MR/DD (Superseded by 509)		X		
509	Community Support Services	X	X	X	X
EMERGENCY (8888)					
601	Emergency services (Superseded by applicable codes 602, 603, 604, 605)	X	X	X	X
602	Mobile Crisis Services	X	X	X	X
603	Telephone Emergency/Crisis Response Service	X	X	X	X
604	Walk-In Emergency/Crisis Response Service	X	X	X	X
605	Intensive Crisis Intervention Service				X
CONSULT/EDUC/PREV (8888)					
704	Alcohol & Drug Prevention			X	
705	Prevention (Children/Youth)				X
706	DUI			X	

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Code	Service	MH	MR	SA	CY
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MISCELLANEOUS (8888)

801	Staffing – No Treatment Plan Review	X			
802	No shows / Cancellations	X			
803	PATH Grant service	X			
804	Making a plan (MAP) Team Review meeting	X	X	X	X
805	Fetal Alcohol Spectrum Disorders (FASD) - Screening				X
806	Fetal Alcohol Spectrum Disorders (FASD) - Treatment				X
807	Respite				X
808	Wraparound Facilitation				X

HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER)  
(8888)

901	Support Coordination	X			
902	Attendant Care (Superseded by 917)	X			
903	In-Home Nursing Respite Services	X			
904	In-Home Companion Respite Services (Not valid after 7/1/12)	X			
905	Community Respite.	X			
906	ICF-MR Respite	X			
907	Supervised Living	X			
908	Supported Living	X			
909	Day Services – Adult	X			
910	Prevocational Services	X			
911	Supported Employment (Superseded by 918 & 919)	X			
912	Behavior Support/Intervention (Not valid after 7/1/12)	X			
913	Occupational Therapy (Not valid after 7/1/12)	X			
914	Speech/Language Therapy (Not valid after 7/1/12)	X			
915	Physical Therapy (Not valid after 7/1/12)	X			
916	Specialized Medical Equipment and Supplies (Not valid after 7/1/12)	X			
917	Home & Community Supports	X			
918	Supported Employment - Individual	X			
919	Supported Employment - Group	X			



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Code Service MH MR SA CY

INPATIENT (1000)

101	Psychiatric Services – Acute Treatment Short term psychiatric inpatient services for persons with serious mental illness who have been legally committed to the treatment facility. The goal of “Acute treatment” is to stabilize the patient in an inpatient environment using medication and supportive treatments within 15-90 days from time of admission. Do NOT use for crisis stabilization services (refer to “Psychiatric services – crisis stabilization unit”).	X		X
102	Psychiatric Services – Intermediate Psychiatric inpatient services for persons with serious mental illness who are not ready for discharge after receiving services in an “Acute treatment” psychiatric service unit. Intermediate treatment is intended to offer up to six months additional treatment in order to rehabilitate the individual for return to the community.	X		
103	Psychiatric Services – Continuing Treatment Long term psychiatric inpatient services for persons with serious mental illness who have previously been treated in “Acute treatment” and/or “Intermediate treatment” psychiatric service units.	X		
104	Psychiatric Services – Continued Medical Treatment Long term psychiatric inpatient services primarily for elderly and/or chronically ill persons who require extensive medical attention in addition to psychiatric treatment. Do NOT use for placements in licensed nursing facility units (refer to “Nursing facility”).	X		
105	Psychiatric Services – Children/Youth – Acute Treatment Short term psychiatric inpatient services for children and youth (ages 4 – 18) who have had a significant debilitating episode which has impaired daily functioning. The goal of acute treatment is to stabilize the child or youth through various modalities of treatment (medication, individual therapy, family therapy, other support therapies).	X		X
106	Psychiatric Services – Children/Youth – Long Term Long-term psychiatric inpatient services (up to 10 months) for children and youth who continue to have significant difficulty coping, interacting, or functioning following delivery of acute treatment services. The goal of long-term treatment is to rehabilitate the child or youth through various modalities including milieu, individual, group, and	X		X

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Code	Service	MH	MR	SA	CY
110	<p>family therapies. An educational component of long-term treatment involves assessment and continuing education.</p> <p><b>Crisis Stabilization Services</b></p> <p>Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Stabilization Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Stabilization Services content may vary based on each individual's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.</p>	X		X	X
111	<p><b>Chemical Dependency Unit</b></p> <p>Chemical Dependency Unit Services include inpatient or hospital-based services for individuals with more severe alcohol or other drug disorders and who require a medically-based environment. Treatment usually includes detoxification, group, individual, and family therapy, education services explaining alcohol/drug dependency, personal growth, the recovery process, aftercare, and family counseling.</p>			X	
112	<p><b>Mental illness / Chemical Addiction Treatment (MICA)</b></p> <p>An inpatient treatment service that treats persons who exhibit both serious mental illness and a significant level of chemical addiction. The service is designed to treat both conditions concurrently rather than focusing on one or the other condition as primary.</p>	X		X	
121	<p><b>Forensics</b></p> <p>Specialized inpatient unit for persons being evaluated to determine legal sanity or for person adjudicated to be legally insane.</p>	X			
122	<p><b>Nursing Facility</b></p> <p>Institutional continuous care services for medically fragile persons who require 24 hour a day nursing care. Units are licensed as Nursing Facility beds.</p>	X			
123	<p><b>Medical Surgical Hospital</b></p> <p>Used to denote a licensed medical hospital operated within the structure of a DMH facility. Currently, the only</p>	X			

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MH MR SA CY

medical surgical hospital is housed on the grounds of Mississippi State Hospital. This facility provides acute medical and surgical care to patients from MSH and other facilities operated by the Department of Mental Health. The hospital also provides lab, outpatient, and x-ray services.

RESIDENTIAL FACILITY FOR PERSONS WITH MENTAL RETARDATION

- 151 Intermediate Care Facility - Mental Retardation (ICF/MR) - large X  
Continuous care services for persons with mental retardation that operate under Medicaid ICF/MR licensure.
- 152 Intermediate Care Facility – Mental Retardation – Small X  
Continuous care services for persons with mental retardation that operate under Medicaid ICF/MR licensure. The “Small” designation denotes stand alone units consisting of 15 or fewer beds usually located in a community setting.
- 153 Other Residential Services for Persons with MR (**Not a valid service code after July 1, 2012**) X  
~~Continuous care services for persons with mental retardation other than those licensed as ICF/MR. Residential programs such as group homes and supervised apartment do NOT belong in this category.~~

OTHER INPATIENT

- 161 Community Hospital X X  
Inpatient services contracted with local community hospitals for intensive 24 hour psychiatric or substance abuse detoxification treatment.
- 162 Designated Mental Health Holding Facilities X  
Designated Mental Health Holding Facilities house individuals who have been involuntarily civilly committed and are awaiting transportation to a treatment facility. The Holding Facility can be a county facility or a facility with which the county contracts

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RESIDENTIAL (2000)

- |     |   |   |   |
|-----|---|---|---|
| 201 | Group Home – Programmatic ( <b>Superseded by 215</b> )  | X |   |
|     | <del>Residential program designed to serve persons with mental retardation in a non-institutional, non-ICF/MR setting. Up to 12 individuals share living arrangements in a community setting with 24 hour supervision. Individuals receiving services receive training in basic living skills.</del>  |   |   |
| 202 | Group Home – Non-Programmatic (Adult)   | X |   |
|     | Residential program designed to serve adults with serious mental illness. Up to 12 individuals share living arrangements in a community setting with 24 hour supervision. Program is designed to help individuals receiving services to achieve their highest level of independence   |   |   |
| 203 | Halfway House ( <b>Not a valid service code after July 1, 2012</b> )  | X |   |
|     | <del>Residential program designed to serve adults with serious mental illness. The aim is to facilitate a transition between inpatient and outpatient services. Program emphasizes development of basic social and living skills. Length of stay is limited to six months or less. Do NOT use for residential substance abuse programs (refer to “Primary residential treatment” and “Transitional residential treatment”).</del> |   |   |
| 204 | Supervised Housing ( <b>Superseded by 215</b> )   | X |   |
|     | <del>Residential programs which offer housing for three or fewer individuals in a single living unit. Individuals receiving services function with a greater degree of independence than in group home programs. Supervisory staff in most cases live in close proximity to the supervised housing unit(s). Contracts between individuals receiving services and supervisory staff take place several times a week.</del>         |   |   |
| 205 | Supported Living  | X | X |
|     | Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.  |   |   |
| 206 | Primary Residential Treatment   |   | X |
|     | Primary Substance Abuse Rehabilitation Service is an intensive residential program for individuals who are addicted to or abuse alcohol or other drugs. This type of treatment offers a group living environment in order to provide the individual with a comprehensive program of   |   |   |

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	services that is easily accessible and responsive to his/her needs.			
207	Transitional Residential Treatment Transitional Substance Abuse Rehabilitation Services are provided in a group living environment which promotes a life free from chemical dependency while encouraging the pursuit of vocational or related opportunities. With group support, individuals acquire coping skills which enable them to become productive citizens in their communities. An individual must have successfully completed a primary substance abuse treatment program in order to be eligible for admission to transitional residential services. The primary substance abuse treatment program must be at least thirty (30) days long.		X	
208	Therapeutic Foster Care/Treatment Foster Care Treatment Foster Care (TFC) services are intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances living in a resource home licensed by the Department of Human Services.			X
209	<del>Sponsored placement (Not a valid service code as of July 1, 2012)</del> <del>Not in current use.</del>			
210	In-Home Respite ( <b>Superseded by 903</b> ) <del>The planned delivery of services to children and youth in the home environment as a means of providing a temporary respite for parents or other primary caregivers.</del>	X		X
211	Group Home – Programmatic (Child) Therapeutic Group Home Intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances living in a resource home licensed by the Department of Human Services.			X
212	Intensive Residential Treatment – Children/Youth ( <b>Not a valid service code as of July 1, 2012</b> ) <del>Residential services designed to service children and youth in need of intensive residential treatment for up to 14 days. The community based service setting provides intensive mental health assessment and treatment. Follow up</del>	X		X

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	<del>outreach and aftercare services are provided as an adjunct to this service. Do NOT use for child inpatient crisis units (refer to "Psychiatric services—children/youth").</del>			
213	<b>Intensive Residential Treatment – Adult (Superseded by 110)</b> <del>Time limited intensive residential services designed to service adults having a severe mental health episode that, if not addressed, would likely result in the need for inpatient care. The community based service setting provides intensive mental health assessment and treatment. Follow-up outreach and aftercare services are provided as an adjunct to this service. Do NOT use for inpatient crisis stabilization units operated by state psychiatric hospitals (refer to "Psychiatric services—crisis stabilization unit").</del>	X		
214	<b>Retirement Living – MR/DD (Not a valid service code after July 1, 2012)</b> <del>Retirement living for individuals 55 or older with mental retardation/developmental disabilities for whom habilitation planning is no longer appropriate. Retirement living can be either supervised or supported living depending on the level of support needed by the individual.</del>		X	
215	<b>Supervised Living</b> Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day.	X	X	X
216	<b>Supported Housing (Superseded by 205)</b> <del>Supported Housing Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain individuals receiving services are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist individuals receiving services to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for</del>	X		

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~~residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.~~

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PSYCHOSOCIAL REHABILITATIVE/Day program options (3000)

- |     |  |   |   |   |
|-----|--|---|---|---|
| 301 | Acute Partial Hospitalization ( <b>Superseded by 313</b> )   | X |   |   |
|     | <del>A structured non-residential treatment program for persons with serious mental disorders who require coordinated, intensive, and multidisciplinary treatment for which regular outpatient services are not sufficient</del>   |   |   |   |
| 302 | Psychosocial Rehabilitation ( <b>Superseded by 314</b> )   | X |   | X |
|     | <del>Services are designed to alleviate psychiatric decompensation, confusion, anxiety, and feelings of low self-worth, isolation, and withdrawal. Activities include reality orientation, social adaption, physical coordination, daily living skills, effective management of time and resources, task completion, and activities to incorporate the individual into independent community living.</del>   |   |   |   |
| 303 | Work Activity/Sheltered Workshop ( <b>Superseded by 315</b> )  | X | X |   |
|     | <del>A program which provides remunerative employment in a specialized setting for persons who cannot be readily integrated into the competitive labor market.</del>   |   |   |   |
| 304 | Supported Employment – Individual  | X | X |   |
|     | Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business.   |   |   |   |
| 305 | Supported Employment – Group   | X | X |   |
|     | Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person. |   |   |   |
| 306 | Transitional Employment  | X |   |   |
|     | A program offering competitive, part-time, non-permanent work in an integrated work setting for individuals with   |   |   |   |



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	serious mental illness. (#of Teps)				
307	Day Health and Rehabilitative Services ( <b>Superseded by 317</b> ) <del>A program which provides activities, support, and transportation to individuals to improve the person's condition or maintain an optimal level of functioning.</del>	X	X		
308	Alternative Day Support ( <b>Superseded by 317</b> ) <del>Programs not specifically defined under other "PSYCHOSOCIAL REHABILITATIVE/Day program options" services, which assist individuals in locating day support activities, or assist the person in maintaining an independent day support arrangement.</del>	X	X		
309	Therapeutic Day Treatment – Substance Abuse An intensive treatment program serving individuals with substance abuse problems who are not enrolled in residential programs. Provides coordinated, multidisciplinary treatment.				X
310	Therapeutic Day Treatment – Children/Youth ( <b>Superseded by 318</b> ) <del>An intensive treatment program serving children and youth most at risk of serious emotional disturbance to provide an alternative to more intensive residential treatment. The service includes, but is not limited to, treatment in the areas of functional living skills, socialization and social skills, problem solving, conflict resolution, self-esteem enhancement, and anger/impulse control. Services are provided a minimum of 2 hours per day and 2 days per week. Services take place in a group setting comprising from 5-9 individuals.</del>				X
311	Adult Day Center Services – Alzheimer's Alzheimer's Day Programs are community based group programs designed to meet the needs of adults with physical and psychosocial impairments, including memory loss, through individualized care plans. These structured, nonresidential programs provide a variety of social and related support services in a safe setting. Alzheimer's Day Programs assess the strengths and needs of individuals and families and offer services to build on their strengths.	X			
312	Psychosocial Rehabilitation (Elderly) ( <b>Superseded by 319 &amp; 320</b> ) <del>Elderly Psychosocial Rehabilitation is a program of structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and</del>	X			

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- ~~concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities in the program are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feeling of low self-worth.~~
- 313 Acute partial Hospitalization X X  
Acute Partial Hospitalization Services (APH) provide medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. APH is designed to provide an alternative to inpatient hospitalization for such individuals or to serve as a bridge from inpatient to outpatient treatment. Program content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms. APH may be provided to children with serious emotional disturbance or adults with serious and persistent mental illness.
- 314 Psychosocial Rehabilitation X  
Psychosocial Rehabilitative Services (PSR) consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community. Program activities aim to improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the individual into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.
- 315 Work Activity X X  
Work Activity Services for persons with intellectual disabilities/developmental disabilities provide opportunities for the acquisition of necessary work and living skills. A

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	person must be at least sixteen (16) years old to participate in Work Activity Services. (Accepting individuals younger than eighteen (18) is optional for the provider.)				
316	Employment Services ( <b>Not a valid service code after July 1, 2012</b> ) <del>A program which provides an individual with training and support services necessary to achieve and maintain competitive employment.</del>	X	X		
317	Day Support Services Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.	X			X
318	Day Treatment (Child) Day Treatment Services are the most intensive outpatient services available to children/youth with SED. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principle and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular site and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.	X	X		X
319	Senior Psychosocial Rehabilitation Services - Community Senior Psychosocial Rehabilitation Services (Senior PSR) are structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote	X			

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	independence in daily life. Activities in the program are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.			
320	Senior Psychosocial Rehabilitation Services – Nursing Facility Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.	X		
321	Drop-In Center Drop-In Centers are programs of structured activities designed to support and enhance the role functioning of individuals who are homeless and individuals who are able to live fairly independently in the community through the regular provision of structured therapeutic support. Program activities aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion as well as to alleviate such psychiatric symptoms as confusion, anxiety, isolation, withdrawal and feelings of low self-worth. Programs also provide basic needs such as food and clothing and link participants with social support services. The activities provided must include, at a minimum, the following: group therapy, individual therapy, social skills training, coping skills training, and training in the use of leisure-time activities.	X		X

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PSYCHOTHERAPEUTIC SERVICES/Outpatient (4000)					
401	Individual Therapy ( <b>Superseded by 426</b> ) <del>Therapy sessions consisting of an individual receiving services and therapist interacting on an individual, one-on-one basis. Individual therapy includes physician prescribed assessment, treatment planning, evaluation, and one-to-one therapy.</del>	X	X	X	X
402	Family Therapy Family Therapy shall consist of psychotherapy that takes place between a mental health therapist and an individual's family members with or without the presence of the individual. Family Therapy may also include others (DHS staff, foster family members, etc.) with whom the individual lives or has a family-like relationship. This service includes family psychotherapy and psychoeducation provided by a mental health therapist.	X	X	X	X
403	Group Therapy ( <b>Superseded by 427</b> ) <del>Face to face therapy sessions consisting of a group of four (4) or more individuals receiving services, which is designed to address the needs of several persons at the same time. Individuals receiving services interact with one or more therapists on a group basis.</del>	X	X	X	X
404	Evaluation Only Provision of psychological and physical evaluation services for a person who is seeking an evaluation only without an intent to become a regular client. Do NOT use for persons receiving a pre-evaluation screening (refer to "Pre-evaluation screening").	X	X	X	X
405	Intensive Outpatient – Substance Abuse ( <b>Superseded by 420</b> ) <del>A 15-week intensive outpatient program for persons with substance abuse problems who do not require residential treatment or detoxification. Do NOT use for persons receiving crisis services (refer to "Crisis intervention" and "Intensive case management").</del>			X	
406	Medication Evaluation and Monitoring Medication Evaluation and Monitoring is the intentional face-to-face interaction between a physician or a nurse practitioner and an individual for the purpose of: assessing the need for psychotropic medication, prescribing medications, and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.	X	X	X	X

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407	<b>Nursing Services (Superseded by 428)</b> <del>Physician prescribed services necessary for the support and rehabilitation of the individual receiving services. Activities include assessment of extrapyramidal syndromes, and education of the individual receiving services and family.</del>	X	X	X	X
408	<b>Early Intervention (Superseded by 429)</b> <del>Educational, physical, speech and other therapy services provided to children at risk of developmental delays or physical impairments.</del>		X		X
409	<b>Consumer Education and Support (Not a valid service code after July 1, 2012)</b> <del>A support and learning group service for persons with serious mental illness. The focus of the group is on education and development of peer support. Designed primarily for persons with schizophrenia.</del>	X			
410	<b>Family Education and Support (Superseded by 430)</b> <del>A support and learning group service for families of persons with mental illness. The focus of the service is on education and the development of peer support. Designed primarily for families with a member having schizophrenia.</del>	X			
411	<b>Injection of Psychotropic Medication (Superseded by 431)</b> <del>Injection of psychotropic medication prescribed by a physician with the purpose of restoring, maintaining, or improving a person's role performance and/or mental health status.</del>	X			X
412	<b>Home and Community Based Services – MR/DD Waiver (Superseded by 900 series codes)</b> <del>A program for Medicaid eligible persons with mental retardation that offers home and/or community based support services as an alternative to institutional placement. "Home and community based services" waiver is an umbrella term for a wide variety of specific services that may be provided to the individual: physical therapy, speech therapy, nursing, etc.</del>		X		
413	<b>Pre-Evaluation Screening (Superseded by 432)</b> <del>A component of the mental health civil commitment process whereby information is gathered by community mental health centers to assist Chancery Courts in making a determination as to whether a formal commitment examination should be conducted.</del>	X			
414	<b>Assistive Technology (Not a valid service code after July 1, 2012)</b> <del>A program designed to enhance capabilities of persons with disabilities through the use of technology. Assistive</del>	X	X		

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	<del>technology includes the use of mechanical and electronic devices in areas including, but not limited to, self-help and communications.</del>				
415	<b>Crisis Intervention (Not a valid service code after July 1, 2012)</b> <del>Face-to-face intervention services available after daily office hours, over weekends, and during holidays to provide assessment and treatment for persons in psychiatric crisis. Intended for cases in which any delay in treatment would be clinically inappropriate. "Crisis intervention" can involve the individual receiving services and/or collaterals as needed and necessary to respond to the situation.</del>	X	X	X	X
416	<b>Intake/Biopscho-Social Assessment</b> The initial biopsychosocial assessment and subsequent biopsychosocial assessments are the face-to-face securing of information from the individual receiving services and/or collateral contact, of the individual's family background, educational/vocational achievement, presenting problem(s), problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information in order to determine the nature of the individual's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment for the individual and/or family.	X	X	X	X
417	<b>Treatment Plan Review</b> The treatment plan is the overall plan that directs the treatment of the individual receiving services. The plan must be based on the strengths and needs, or challenges, of the individual receiving services and his/her family/legal representative (if applicable) and identified outcomes. Outcomes should be identified by the individual, family/legal representative (if applicable), and treatment/support team.	X	X	X	X
418	<b>Multi-Family Group Therapy</b> Multi-Family Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and family members of at least two (2) different individuals receiving services, with or without the presence of the individual, directed toward the reduction/resolution of identified mental health problems so that the individual and/or their families may function more independently and competently in daily life. This service includes psychoeducational and family-to-family training.	X	X	X	X
419	<b>Peer Support</b> Peer Support Services are person-centered activities with a	X	X	X	X

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rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the individual. It may also be provided as a family partner role.

## 420 Intensive Outpatient – Substance Abuse

X

The 10-week Intensive Outpatient Program for Individuals with a Substance Abuse Disorder (IOP-A/D) is a community-based outpatient program which provides an alternative to traditional Residential Treatment Services or hospital settings. The program is directed to persons who need services more intensive than traditional outpatient services, but who have less severe alcohol and other drug disorders than those typically addressed in Residential Treatment Services. The IOP-A/D allows individuals to continue to fulfill their obligations to family, job, and community while obtaining intensive treatment.

## 421 Assertive Community Treatment

X

A program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

422 Family Psycho-Education (**Superseded by 418**)

X

X

~~Family Psycho Education is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psycho Education programs may either be multi-family or single family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem solving skills~~



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423	<b>Illness Management/Recovery</b> Illness Self-Management (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, “behavioral tailoring” to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals. <b>IF IMR CIRICULUM IS UTILIED IN PSR, USE SEVICE CODE 314.</b>	X			
424	<b>Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)</b> Co-Occurring Disorders Services are provided to individuals who are affected by both a diagnosed mental illness and substance abuse disorder.	X		X	
425	<b>Medication Management (Superseded by 406)</b> <del>In the SAMHSA toolkit on medication management, there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-based medication management approaches are the following:</del> <del>1. Utilization of a systematic plan for medication management</del> <del>2. Objective measures of outcome are produced</del> <del>3. Documentation is thorough and clear</del> <del>4. Consumers and practitioners share in the decision-making</del>	X			
426	<b>Individual Therapy</b> Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and the individual receiving services.	X	X	X	X

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427	<p>Group Therapy</p> <p>Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and at least two (2) but no more than ten (10) children or at least two (2) but not more than twelve (12) adults at the same time. Possibilities include, but are not limited to, groups that focus on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.</p>	X	X	X	X
428	<p>Nursing Assessment</p> <p>Nursing assessment takes place between a registered nurse and an individual for the purpose of assessing extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact and providing education to the individual and the family about the illness and the course of available treatment.</p>	X	X	X	X
429	<p>Early Intervention</p> <p>Early Intervention and Child Development Services are designed to support families in providing learning opportunities for their child within the activities, routines, and events of everyday life by providing information, materials, and supports relevant to their identified needs. Early Intervention Services are provided in the child's natural environment. Child Development Services provide center based programs which promote the developmental growth of children in cognitive, physical, social, emotional, communication, and adaptive functioning areas.</p>		X		X
430	<p>Family Education and Support</p> <p>Family Support and Education Services, which provide self-help and mutual support for families of youth with mental illness or mental health challenges are based on the view that a person who is parenting or has parented a child experiencing emotional or behavioral health disorders can articulate the understanding of their experiences with another parent or family member.</p>	X			X
431	<p>Medication Injection</p> <p>Medication injection is the process of a licensed practical nurse, registered nurse, physician, or nurse practitioner injecting an individual with prescribed psychotropic medication for the purpose of restoring, maintaining or improving the individual's role performance and/or mental health status.</p>	X			X

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432	Pre-Evaluation Screening Pre-Evaluation Screening and a Civil Commitment Examination are two separate events which include screening and examinations, inclusive of other services to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment. These services also include assessment and plans to link individuals with appropriate services.	X			X
433	Targeted Case Management Targeted Case Management Services is defined as services that provide information/referral and resource coordination for individuals and/or his/her collaterals. Case Management Services are directed towards helping the beneficiary maintain his/her highest possible level of independent functioning. Case managers monitor the individual service plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team may need to review the service plan for updates if the established plan is not working. Targeted case management may be provided face-to-face or via telephone.	X	X	X	X
434	Intensive Outpatient Psychiatric Services – C/Y Intensive Outpatient Psychiatric (IOP-C/Y) services are family stabilization and intensive outpatient psychiatric treatment provided to children and youth with serious emotional disturbance. Services are time-limited and include intensive family preservation interventions intended to diffuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, promote reunification or prevent the utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, and residential treatment facility).				X

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CASE MANAGEMENT (5000)

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| 501 | <b>Case Management (Superseded by 507 and 508)</b><br><del>A program characterized by individualized attention emphasizing some type of intervention or participation in the natural environment of the person receiving services. Services designed to assist individuals receiving services and their families in locating and accessing educational, therapeutic, vocational or other programs. Do NOT use for persons receiving substance abuse aftercare services (refer to "Aftercare").</del>   | X | X | X | X |
| 502 | <b>Intensive Case Management</b><br>A specialized form of case management services designed to offer intensive support to persons during periods of psychiatric emergency or crisis. The primary goal of "Intensive case management" is to assist the person in obtaining services to help forestall the need for psychiatric inpatient placement. The program differs from "Case management" in the intensity and frequency of services, and the utilization of a much lower staff-to-client ratio.   | X | X | X | X |
| 503 | <b>Aftercare – Substance Abuse</b><br>Recovery Support Services are non-clinical services that are offered before, during and after Primary Residential Treatment Services that assist individuals and families working towards recovery from substance use disorders. They incorporate a full range of social, legal, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. RSS include social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.                   |   |   | X |   |
| 504 | <b>MIMS (Not a valid service code after July 1, 2012)</b><br><del>Intensive case management services with a therapeutic focus. Activities may include symptom evaluation/monitoring, crisis intervention, provision/enhancement of environmental supports, and other services directed towards helping the individual live successfully in the community. MIMS are distinguished from traditional case management services by the higher level of professional expertise/skill of the provider, required by the most complex mental health needs of the individual, of these services. MIMS may be provided in any appropriate community setting. MIMS may also be</del> | X | X | X |   |

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	<del>provided to SED and MR/DD children or SPMI and MR/DD adults.</del>				
505	School Based Services ( <b>Not a valid service code after July 1, 2012</b> ) <del>School-based treatment and support interventions designed to identify children with emotional/behavioral disturbances or children with MR/DD. These services assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed or MR/DD children, adolescents, and their families with the school.</del>	X	X		
506	Individual Therapy Support ( <b>Not a valid service code after July 1, 2012</b> ) <del>The provision of one-on-one supervision of the individual during a period of extreme crisis in which hospitalization would be necessary without this service. The service may be provided in the individual's home, school, or any other setting that is a part of the individual's environment. This provides therapeutic support during times when the individual is unable to participate in regular treatment activities. The focus is to reduce/eliminate acute symptoms.</del>	X	X	X	
507	Case Management ( <b>Superseded by 509</b> ) <del>Includes activities for the purpose of locating services other than services provided by your organization, linking the person/patient with these services, monitoring the person's/patient's receipt of these services on behalf of the person/patient. Case Management can be provided by an individual or a team; may include both face-to-face and telephone contact with the person/patient as well as contact with other services providers.</del>	X		X	X
508	Case Management for MR/DD ( <b>Superseded by 509</b> ) <del>Case management assists persons with mental retardation/developmental disabilities in gaining access to needed social, medical, educational, and other services. Service components include: outreach, intake and needs assessment, emergency/crisis intervention, information and referral, service planning, service coordination, and follow-along.</del>		X		
509	Community Support Services Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. CSS are directed towards adults, children, adolescents and families and will vary with respect	X	X	X	X

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to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CSS is to provide specific, measurable, and individualized services to each person served. CSS should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.

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EMERGENCY (8888)

601 Emergency Services (**Superseded by applicable codes 602, 603, 604, 605**) X X X X

Primarily used to denote afterhours telephone counseling and referral services. Crisis situations that cannot be readily resolved through “Emergency services” should be assigned to “Intensive case management” and/or “Crisis intervention” services.

602 Mobile Crisis Services X X X X

Face-to-face contact (i.e. Mobile Crisis Response) with a mental health professional twenty-four (24) hours a day, seven (7) days a week must be available. The staff person is not required to see the individual in the individual’s home, but this is permissible and recommended. There must be designated, strategic, publicized locations where the person can meet with a mental health professional. The individual must be seen within one (1) hour of initial time of contact if in an urban setting and within two (2) hours of initial time of contact if in a rural setting. A team approach to mobile crisis response should be utilized if warranted to adequately address the situation.

603 Telephone Emergency/Crisis Response Service X X X X

Time limited intensive intervention, available twenty-four (24) hours a day, seven (7) days a week. Crisis response services allow for the assessment of the crisis and ability to activate a mobile crisis team. Trained crisis response staff provides crisis stabilization directed toward preventing hospitalization. Children or adults requiring crisis services are those who are experiencing a significant emotional/behavioral crisis. A crisis situation is defined as a situation in which an individual’s mental health and/or behavioral health needs exceed the individual’s resources, in the opinion of the mental health professional assessing the situation. Staff must be able to triage and make appropriate clinical decisions, including accessing the need for inpatient services or less restrictive alternatives.

604 Walk-In Emergency/Crisis Response Service X X X X

The provider must ensure that a mental health representative is available to speak with an individual in crisis and/or family members/legal representatives of the individual twenty-four (24) hours a day, seven (7) days a week, inclusive of individuals who may be a “walk-in” at any program site.

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605 Intensive Crisis Intervention Service

X

Intensive Crisis Intervention Services for Children and Youth with an SED are specialized, time limited interventions that last for 6-8 weeks and include intensive outpatient mental health therapy services and in-home services and support for the family or other caregivers. These services are available twenty-four (24) hours a day, seven (7) days/week.



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CONSULT/EDUC/PREV (8888)

704 Alcohol & Drug Prevention

X

Prevention Services represent a process that involves interacting with people, communities, and systems to promote programs aimed at substantially preventing alcohol, tobacco, and other drug abuse, delaying its onset and/or reducing substance abuse-related behaviors. Prevention Services are designed to reduce the risk factors and increase the protective factors linked to substance abuse and related problem behaviors to provide immediate and long-term positive results.

705 Prevention (Children/Youth)

X

Prevention/Early Intervention Services include preventive mental health programs targeting vulnerable at-risk groups with the intent to prevent the occurrence of mental and/or emotional problems and service programs designed to intervene as early as possible following the identification of a problem. Prevention and/or early intervention programs should be designed to target a specific group of children/youth and/or their families, such as children/youth who have been abused or neglected, teenage parents and their children, and young children and their parents. Children/youth identified as having a serious emotional disturbance and/or their families may also be targeted to receive specialized intervention early in the course of identification of the emotional disturbance.

706 DUI

X

The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as, Substance Abuse Subtle Screening Inventory (SASSI), or other DMH approved tool) is administered and the result is combined with other required information to determine the offenders appropriate treatment environment.

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MISCELLANEOUS (8888)

801	Staffing – No Treatment Plan Review	X			
802	No Shows / Cancellations	X			
803	PATH Grant Service	X			
804	Making a Plan (MAP) Team Review Meeting	X	X	X	X
	Making a Plan (MAP) Teams address the needs of children, up to age 21 years, with serious emotional/behavioral disorders and dually diagnosed with serious emotional/behavioral disorders and mental retardation, including, but not limited to, conduct disorders, or mental illness, who require services from multiple agencies and multiple program systems, and who can be successfully diverted from inappropriate institutional placement.				
805	Fetal Alcohol Spectrum Disorders (FASD) Screening				X
	Children ages birth to age eighteen (18) must be screened within six (6) months of Intake to determine if there is a need for a Fetal Alcohol Spectrum Disorders (FASD) diagnostic evaluation. Youth ages eighteen (18) to twenty-four (24) may be screened for an FASD if the provider has reason to believe that there was prenatal alcohol exposure.				
806	Fetal Alcohol Spectrum Disorders (FASD) - Treatment				X
	Treatments and interventions recommended by the FASD multi-disciplinary diagnostic team must be either provided or facilitated by the service provider. Referral to the local MAP Team should be made when appropriate.				
807	Respite				X
	Respite is a short-term planned relief care in the home or community for children/youth with serious emotional/behavioral disturbances or mental health challenges. This service offers time out for caregivers and children/youth, helping family members to cope with their responsibilities, to rest and regroup, facilitate stability, and feel less isolated from the community, family and friends. The provision of services is child-centered with the family participating in all decision-making, community based and culturally competent.				
808	Wraparound Facilitation				X
	Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.				

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HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER)  
(8888)

901 Support Coordination X

Support Coordination Services are provided to individuals enrolled in the ID/DD Waiver. Support Coordination Services coordinate and monitor all services an individual on the ID/DD Waiver receives, regardless of funding source, to ensure services are adequate, appropriate, meet individual needs, and ensure the individual's health and welfare needs are met.

902 Attendant Care (**Superseded by 917**) X

~~Attendant Care services are provided to meet daily living needs and to ensure adequate support for optimal functioning at home or in the community. Services assist eligible individuals with activities such as bathing, meal preparation, eating, dressing, shopping, leisure activities, light housekeeping, and community integration activities.~~

903 In-Home Nursing Respite Services X

In-Home Nursing Respite Services are provided to individuals enrolled in the ID/DD Waiver. In-Home Nursing Respite Services provide temporary, periodic relief to those persons normally providing the care for an eligible individual who requires services that can only be provided by licensed nurses. In-Home Nursing Respite Services are also provided when the usual care giver is absent or incapacitated due to hospitalization, illness, or injury or upon their death.

904 In-Home Companion Respite Services (**Not a valid service code after July 1, 2012**) X

~~Services provided to individuals unable to care for themselves; furnished on a short term basis because of the absence or need for relief of those persons normally providing the care; provided by a certified nurses' aid or direct care worker.~~

905 Community Respite X

Community Respite Services are provided to individuals enrolled in the ID/DD Waiver. Community Respite Services are designed to provide families/care givers a safe place in the community where they can take their family member on a short-term basis for the purpose of relieving the family or caretaker or to meet planned or emergency needs. Typically, Community Respite Services are provided at times when other types of services are not available such as evenings

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and weekends.  
906 ICF-MR Respite X

Respite care is also offered in licensed ICF/MR settings on a limited basis, base on the number of available beds.

907 Supervised Living X

Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day.

908 Supported Living X

Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.

909 Day Services - Adult X

ID/DD Waiver Day Services - Adults are designed to foster greater independence, personal choice, and improvement/retention of self-help, socialization, positive behavior, and adaptive skills. Services are provided in a community-based setting. A central component of the service is to provide opportunities for individuals to become more independent, productive, and integrated in their community.

910 Prevocational Services X

Prevocational Services are provided to persons not expected to be able to join the general workforce within one year (excluding Supported Employment Services). Activities can be either center based or community based and are not primarily directed at teaching specific job skills, but at underlying skills which are useful in obtaining community employment.

911 Supported Employment (**Superseded by 918 & 919**) X

~~This service consists of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities~~

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	<del>needed to sustain paid work by individuals receiving waiver services, including supervision and training.</del>	
912	Behavior Support/Intervention Behavior Support and Intervention Services are designed for individuals who exhibit behavior problems which cause them not to be able to benefit from other services being provided or cause them to be so disruptive in their environment(s) there is imminent danger of causing harm to themselves or others.	X
913	Occupational Therapy <b>(Not a valid service code after July 1, 2012)</b> <del>These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.</del>	X
914	Speech/Language Therapy <b>(Not a valid service code after July 1, 2012)</b> <del>These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.</del>	X
915	Physical Therapy <b>(Not a valid service code after July 1, 2012)</b> <del>These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.</del>	X
916	Specialized Medical Equipment and Supplies <b>(Not a valid service code after July 1, 2012)</b> <del>Includes only disposable briefs, under pads and catheters for people over the age of 21.</del>	X
917	Home & Community Supports Home and Community Supports offer a range of services for individuals who require assistance to meet their daily living needs, ensure adequate functioning in their home and community, and provide safe access to the community.	X

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918 Supported Employment – Individual X

Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business.

919 Supported Employment – Group X

Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person.

States data set

Database: STATES

Revision Date: 04/12/99

**Abbr State**

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming



**MS county data set**

Database: COUNTY  
Revision date: 12/01/2010

County	Abbr	Cnty #	FIPS #	SPH region	MR Region	CMHC region
Adams	ADA	01	28001	201	304	111
Alcorn	ALC	02	28003	203	301	104
Amite	AMI	03	28005	201	304	111
Attala	ATT	04	28007	201	302	106
Benton	BEN	05	28009	203	301	103
Bolivar	BOL	06	28011	201	302	105
Calhoun	CAL	07	28013	203	301	102
Carroll	CAR	08	28015	201	302	106
Chickasaw	CHI	09	28017	203	301	103
Choctaw	CHO	10	28019	202	302	107
Claiborne	CLB	11	28021	201	304	111
Clarke	CLK	12	28023	202	304	110
Clay	CLY	13	28025	202	302	107
Coahoma	COA	14	28027	201	301	101
Copiah	COP	15	28029	201	304	108
Covington	COV	16	28031	204	304	112
De Soto	DES	17	28033	203	301	104
Forrest	FOR	18	28035	204	304	112
Franklin	FRA	19	28037	201	304	111
George	GEO	20	28039	202	305	114
Greene	GRE	21	28041	204	304	112
Grenada	GRN	22	28043	201	301	106
Hancock	HAN	23	28045	201	305	113
Harrison	HAR	24	28047	201	305	113
Hinds	HIN	25	28049	201	302	109
Holmes	HOL	26	28051	201	302	106
Humphreys	HUM	27	28053	201	302	106
Issaquena	ISS	28	28055	201	302	105
Itawamba	ITA	29	28057	201	301	103
Jackson	JAC	30	28059	202	305	114
Jasper	JAS	31	28061	202	304	110
Jefferson	JFN	32	28063	201	304	111
Jefferson Davis	JFV	33	28065	204	304	112
Jones	JON	34	28067	204	304	112
Kemper	KEM	35	28069	202	304	110
Lafayette	LAF	36	28071	203	301	102
Lamar	LAM	37	28073	204	304	112
Lauderdale	LAU	38	28075	202	304	110
Lawrence	LAW	39	28077	201	304	111
Leake	LEA	40	28079	202	302	110
Lee	LEE	41	28081	203	301	103
Leflore	LEF	42	28083	201	302	106
Lincoln	LIN	43	28085	201	304	108
Lowndes	LOW	44	28087	202	304	107
Madison	MAD	45	28089	201	302	108
Marion	MAN	46	28091	204	304	112
Marshall	MAS	47	28093	203	301	102
Monroe	MOR	48	28095	203	301	103
Montgomery	MOT	49	28097	201	302	106
Neshoba	NES	50	28099	202	304	110
Newton	NEW	51	28101	202	304	110
Noxubee	NOX	52	28103	202	304	107
Oktibbeha	OKT	53	28105	202	302	107

Database: COUNTY  
Revision date: 12/01/2010

County	Abbr	Cnty #	FIPS #	SPH region	MR Region	CMHC region
Panola	PAN	54	28107	203	301	102
Pearl River	PEA	55	28109	201	305	113
Perry	PER	56	28111	204	304	112
Pike	PIK	57	28113	201	304	111
Pontotoc	PON	58	28115	203	301	103
Prentiss	PRE	59	28117	203	301	104
Quitman	QUI	60	28119	201	301	101
Rankin	RAN	61	28121	201	302	108
Scott	SCO	62	28123	202	302	110
Sharkey	SHA	63	28125	201	302	105
Simpson	SIM	64	28127	201	304	108
Smith	SMI	65	28129	202	304	110
Stone	STO	66	28131	201	305	113
Sunflower	SUN	67	28133	201	302	106
Tallahatchie	TAL	68	28135	201	301	101
Tate	TAT	69	28137	203	301	102
Tippah	TIP	70	28139	203	301	104
Tishomingo	TIS	71	28141	203	301	104
Tunica	TUN	72	28143	201	301	101
Union	UNI	73	28145	203	301	103
Walthall	WAL	74	28147	201	304	111
Warren	WAR	75	28149	201	302	115
Washington	WAS	76	28151	201	302	105
Wayne	WAY	77	28153	204	304	112
Webster	WEB	78	28155	202	302	107
Wilkinson	WIL	79	28157	201	304	111
Winston	WIN	80	28159	202	304	107
Yalobusha	YAL	81	28161	203	301	102
Yazoo	YAZ	82	28163	201	302	115
Unknown		98				
Out of state		99				

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**Data crosswalks**

## **Data crosswalks - I (A&D TEDS)**

This section specifies the crosswalks necessary to translate the DMH coding conventions into other formats, most notably those mandated by the Center for Substance Abuse Treatment Episode Data Set (TEDS) and NRI Behavioral Healthcare Performance Measurement System (part of the JCAHO Oryx initiative). Quoted comments come from three sources:

FN-10	<i>Data Standards for Mental Health Decision Support Systems</i> -- Center for Mental Health Services, 1989
TEDS	<i>Treatment Episode Data Set (TEDS): State Instruction Manual</i> -- Center for Substance Abuse Treatment, January 30, 1998
NRI	<i>NRI Behavioral Healthcare Performance Measurement System Implementation Guide</i> Version 3.0 -- NASMHPD Research Institute, March 15, 1999

The first portion of this section deals with the TEDS dataset:

Two tables detail the fields within the DMH core client dataset and/or DMH alcohol and drug data (DMH A&D) subset from which MHSIP and TEDS data elements can be derived. Additional crosswalk information is provided concerning the following data items:

- 1) Miscellaneous codes
- 2) TEDS date fields
- 3) Reporting date
- 4) Record type
- 5) Organization identifier
- 6) Client identifier
- 7) Admission type (Co-dependent, collateral, unregistered)
- 8) Client status
- 9) Services
- 10) Referral source
- 11) Sex
- 12) Race
- 13) Hispanic/Ethnicity
- 14) Education
- 15) Marital status
- 16) Employment status
- 17) SPMI/other psychiatric problem
- 18) Type of resident/living arrangement
- 19) Income source
- 20) Payment source

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**MHSIP cross reference:** location of MHSIP recommended data elements within DMH core client dataset:

MHSIP client dataset	DMH equivalent (Core client dataset)	Comments
01 Organization ID	03 Organization code	Software must allow crosswalks among DMH organization code, MHSIP, and TEDS (NFR ID) codes
02 Client status	08 Admission type	See crosswalks text
03 Unique client ID	05 Client organiz. ID 56 State Unique ID	See crosswalks text
04 Admission date	07 Admission date	
05 Discharge date	50 Discharge date	
06 Program element	45 Inpatient service 46 Residential service 47 Partial day service 48 Outpatient service 49 Case mgt service	
07 Sex	18 Sex	
08 Birth date	16 Birth date	
09 Race	19 Race	
10 Hispanic	20 Hispanic	
11 Marital status	22 Marital status	
12 Veteran status	33 Veteran status	
13 Legal status	11 Legal status	
14 Prior residence	23 Admission county	
15 Current residence	N/A	Maintained locally w. current address information
16 Presenting problems	36 Pres. problem (1) 37 Pres. problem (2)	
17 Diagnosis	42 DSM axis 1 43 DSM axis 2 44 Principal DSM diagnosis	
18 Severity	N/A	No current standard DMH measure. May be captured locally as DSM axis 5.
19 Chronicity	40 Is client SPMI?	
20 Eligibility for SSI	30 Eligibility for SSI	

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<b>MHSIP client dataset</b>	<b>DMH equivalent (Core client dataset)</b>	<b>Comments</b>
21 Adm. referral	09 Adm. ref. category	
22 Treatment history	N/A	Local programs may maintain client treatment histories as part of their data system.
23 Residential arrang.	25 Type of resident	
24 Living arrangements	24 Living arrangements	
25 Payment source	32 Payment source	
26 Discont. status	51 Discont. status	
27 Discont. referral source	52 Discont. referral source	
28 Current care provider	N/A	Captured locally as part of service events
29 Date of report	01 Report date	Generated by software upon download

**TEDS cross reference:** Location of mandated TEDS CDS data elements within DMH core client dataset (CORE) and DMH alcohol and drug client subset (ALCO):

<b>TEDS client dataset</b>	<b>DMH equivalent (Core client and Alcohol datasets)</b>	<b>Comments</b>
01 System transaction type (add, change, delete)	02 CORE: Record type	DMH "record type" field also indicates whether record is for a service transfer (see TEDS 7, below)
02 State abbreviation	54 ALCO: State	
03 Submit date	01 CORE: Report date	See crosswalks text
04 Provider ID	03 CORE: Organ. ID	Software must allow crosswalks among DMH organization code, MHSIP, and TEDS (NFR ID) codes
05 Client ID	05 CORE: Client org. ID	Client SS number should NOT be used
06 Collateral	08 CORE: Adm. type	See crosswalks text
07 Client trans. type (admit, transfer)	02 CORE: Record type	See comments for TEDS 1, above
08 Admission date	50 ALCO: Entry date	TEDS: "The day when the client receives his or her first direct treatment..."
09 Services	45 CORE: Inpatient 46 CORE: Residential 47 CORE: Partial day 48 CORE: Outpatient 49 CORE: Case mgt.	See crosswalks text
10 # prior treatments	52 ALCO: # prior treatments	
11 Referral source	09 CORE: Adm. refer.	See crosswalks text
12 Birth date	16 CORE: Birth date	
13 Sex	18 CORE: Sex	See crosswalks text
14 Race	19 CORE: Race	See crosswalks text
15 Ethnicity	20 CORE: Hispanic	See crosswalks text
16 Education	21 CORE: Education	See crosswalks text
17 Employment status	26 CORE: Employment	See crosswalks text
18 Substance (1)	67 ALCO: Substance (1)	Software may extract data from TEDS Drug Detail (1)
19 Route of admn. (1)	73 ALCO: Rt. admn. (1)	
20 Freq. of use (1)	76 ALCO: Freq. (1)	



<b>TEDS client dataset</b>	<b>DMH equivalent (Core client and Alcohol datasets)</b>	<b>Comments</b>
21 Age first use (1)	79 ALCO: Age first (1)	
22 Substance (2)	68 ALCO: Substance (2)	See comment for TEDS data element 18, above
23 Route of admn. (2)	74 ALCO: Rt. admn. (2)	
24 Freq. of use (2)	77 ALCO: Freq. (2)	
25 Age first use (2)	80 ALCO: Age first (2)	
26 Substance (3)	69 ALCO: Substance (3)	See comment for TEDS data element 18, above
27 Route of admn. (3)	75 ALCO: Rt. admn. (3)	
28 Freq. of use (3)	78 ALCO: Freq. (3)	
29 Age first use (3)	81 ALCO: Age first (3)	
30 Methadone planned	66 ALCO: Methadone	
31 Drug detail (1)	70 ALCO: Detail (1)	
32 Drug detail (2)	71 ALCO: Detail (2)	
33 Drug detail (3)	72 ALCO: Detail (3)	
34 DSM criteria	42 CORE: DSM axis 1	
35 Other problems	40 CORE: SPMI	See crosswalks text
36 Pregnant at admn.	58 ALCO: Pregnant	
37 Veteran status	33 CORE: Veteran stat.	Convert from DMH alpha to TEDS numeric value
38 Living arrangement	25 CORE: Resid. arrg.	See crosswalks text
39 Source of income	27 CORE: Income src.	See crosswalks text
40 Health insurance	56 ALCO: Insurance (1)	
41 Payment source	32 CORE: Payment	See crosswalks text
42 Not in labor force	26 CORE: Employment	See crosswalks text
43 Criminal justice	65 ALCO: Crim. justice	
44 Marital status	22 CORE: Marital	See crosswalks text
45 Days waiting	51 ALCO: Days waiting	

- 1) Miscellaneous codes - The crosswalks for codes representing "unknown", "other", "not applicable" are shown below. Note that TEDS contains some inconsistencies. In most two digit fields TEDS uses "20" = 'other' and "21" = 'none' but the following fields diverge from this practice:

MDS 07 Principal source of referral

06 = Other comm. ref.

SuDS 12 Detail "not in labor force"

06 = Other

SuDS 13 Detail "criminal justice referral"

08 = Other

Response	DMH numeric	DMH alpha	TEDS
Yes	1	Y	1
No	2	N	2
Other	7, 97, 997	O	20, others
None	9, 99, 999	X	21
Unknown	8, 98, 998	U	7, 97, 997
Not application, not collected	9, 99, 999	X	8, 98, 998
Date unknown	99980101		01010007
Date not collected	99990101		01010008

- 2) TEDS date fields - The TEDS data subcontractor requires that date fields to be submitted in ASCII as numeric data in a MMDDYYYY format even though xbase exports dates to ASCII in the more practical YYYYMMDD format. The download of TEDS data must be constructed with this requirement in mind.
- 3) Reporting date - This field is included in all major submissions. It indicates the date the record was submitted. Download programs should be constructed so that the system date is automatically inserted as a field in each record during download.

DMH: RPT\_DATE is an 8 digit numeric field with date in a YYYYMMDD format. This allows ASCII import directly into an xbase date field.

TEDS: REPT\_DATE is a 6 digit numeric field with date in a MMYYYY format. Other dates (e.g., DT\_BIRTH) are 8 digit fields. (TEDS, p D-6, D-19).

- 4) Record type - TEDS and DMH A&D both maintain cumulative databases (new records are added to existing records). There is a need, therefore, to indicate the type of record being submitted so the appropriate action can be taken. This field serves the purposes of both TEDS AD-01 (Systems transaction) and TEDS AD-07 (Client transaction type).

DMH Record type	TEDS 01	TEDS 07
1 ADD - New admission	A	A
2 ADD - Transfer	A	T
3 CHANGE - Correction	C	N/A
4 CHANGE - Update	C	N/A
9 DELETE	D	N/A

- 5) Organizational identifier - Identifies the organization from which the data was received. DMH uses two separate fields: an organization identifier (ORG\_CODE) to denote an umbrella organization and a separate program location code (LOC\_CODE) to indicate separately located subunits.

DMH: Services are identified by a combination of ORG\_CODE and LOC\_CODE. ORG\_CODE identifies "umbrella" organizations while LOC\_CODE identifies specific program sites (each usually with a separate physical address) operated by an organization. All private providers have an ORG\_CODE of "700" and are identified by their LOC\_CODE.

TEDS: PROV\_ID "Entry must contain a valid provider ID that matches the State ID in SAMHSA's National Facility Register (NFR) or a SAMHSA NMFI Provider ID" (TEDS, p D-7). The PROGRAMS database contains a TEDS field to cross reference DMH, TEDS, and MHSIP organization ID numbers.

MHSIP: "The 8-digit [CMHS] master facility number is recommended..." (FN-10, p 132).

Organization	DMH ID	MHSIP ID	TEDS NFR ID
Region 1: Region 1 MH Center	101	280040-00	MS900405
Region 2: Communicare	102	280200-00	MS900496
Region 3: Region 3 MH Center	103	280221-00	MS901494
Region 4: Timber Hills MH Services	104	280043-00	MS301307
Region 5: Delta Community MH Services	105	280060-00	MS900413
Region 6: Life Help	106	280065-00	MS900462
Region 7: Community Counseling Services	107	280213-00	MS900868
Region 8: Region 8 MH Services	108	280035-00	MS100212
Region 9: Hinds Behavioral Health Services	109	280170-01*	MS300119

Organization	DMH ID	MHSIP ID	TEDS NFR ID
Region 10: Weems Community MH Center	110	280180-00	MS901239
Region 11: Southwest Miss. MH Complex	111	280175-00	MS900504
Region 12: Pine Belt MH Resources	112	280095-00	MS100105
Region 13: Gulf Coast MH Center	113	280080-00	MS301109
Region 14: Singing River MH Services	114	280210-00	MS900470
Region 15: Warren-Yazoo MH Services	115	280225-00	MS900538
Miss. State Hospital	201	280230-00	MS900017
East Miss. State Hospital	202	280190-00	MS900009
North Miss. State Hospital	203	Unassigned	
South Miss. State Hospital	204	Unassigned	
Central Miss. Residential Center	205	Unassigned	
Spec. Treatment Facility	206	Unassigned	
North Miss. Regional Center	301	N/A	N/A
Hudspeth Regional Center	302	N/A	N/A
Boswell Regional Center	303	N/A	N/A
Ellisville State School	304	N/A	N/A
South Miss. Regional Center	305	N/A	N/A
Mississippi Adolescent Center	306	N/A	N/A

- 6) Client identifier - The field used to uniquely identify a client. The ID should be re-used whenever the client is readmitted to the organization. The number should never be applied to another client.

DMH: The CLI\_ORG\_ID field allows for a 9 digit numerical internal identifier. The STATE\_UNIQUE\_ID is assigned by the CDR and returned to the provider.

TEDS: CLIENT\_ID IS an "identifier of from 1 to 15 alphanumeric characters that at a minimum is unique within the provider." (TEDS, p D-8) Thus DMH CLI\_ORG\_ID should be used to produce this field.

MHSIP: "No minimum specifications... At the local level, this could be the patient name, a case number, the Social Security number, or other alphanumeric information." (FN-10, p 39)

- 7) Co-dependent, collateral, unregistered - A co-dependent is a person "seeking services because of problems arising from his or her relationship with an alcohol or drug user" (TEDS, p D-9). An unregistered person is someone receiving services "who does not have a clinical record" (FN-10, p 39).

DMH: ADM\_TYPE field allows indicating the admission is:

- 1 Primary
- 2 Collateral
- 3 Unregistered

TEDS: COLLATERAL allows entries of 1 or 2 (yes or no). "States not collecting Co-Dependent/Collateral data default to 2 (No) for this field." (TEDS, p D-9)

MHSIP: Not specified (see FN-10, p 36). "Client status" is specified as "registered" or "nonregistered" (FN-10, p 39) see "Client status."

- 8) Client status - Specifies the current status of the client. DMH uses this field to indicate if the client is active, discharged, or on a waiting list for services. This data element should not be confused with the "Record type" which indicates, among other things, if the record is for a transfer between A&D services within a single organization.

DMH: CLI\_STATUS allows a client to be classified as:

- 1 = Active, new admission
- 2 = Active, readmission
- 3 = Active, evaluation only
- 4 = Respite, new admission
- 5 = Respite, readmission
- 8 = Waiting list
- 9 = Discharged
- 0 = Removed from waiting list

- 9) Services - This field classifies the various programs or services which are offered by DMH administered or certified organizations. This allows quantitative measurement of the amount of services rendered to be computed across organizations. MHSIP recommends organization of all services into the following categories: inpatient, residential, partial day, outpatient, case management, and emergency. The DMH has created a detailed classification of services which is found in the SERVICES dataset.

DMH: Service codes are inserted into one of five fields based upon the category of service: INPAT\_SERV, RESID\_SERV, PARTI\_SERV, OUTPA\_SERV, and CASEM\_SERV.

TEDS: SERVICES field is captures one of eight possible services (see table below).

DMH Services	DMH	TEDS	TEDS Service
-Acute-chemical dep	111	01	-Detox, 24 hr inpatient
N/A		02	-Detox, 24 hr residential
N/A		03	-Rehab/resid inpatient

			(other than detox)
-Primary residential treatment	206	04	-Rehab residential short term (30 day or less)
-Transitional residential treatment	207	05	-Rehab residential long term (more than 30 days)
-Intensive outpatient	405	06	-Ambul intensive outpatient
-Therapeutic day treatment	309	07	-Ambul outpatient
-Individual therapy	401		
-Family therapy	402		
-Group therapy	403		
-Evaluation only	404		
-Medication evaluation	406		
-Nursing services	407		
N/A		08	-Ambul detox
-Case management	501		N/A
-Intensive case mgt	502		
-Aftercare (SA)	503		
-Emergency services	601		

10) Referral source - Classifies the principal agent causing the client seeking services.

DMH: ADM\_REFER field indicates the general category of referral agent. If this agent was a DMH administered facility or another CMHC, the ADM\_REF\_OR field seeks to capture the appropriate organization code.

TEDS: REF\_SOURCE fields captures the same general information. A second field, O\_CRIM\_JST is designed to capture detail on criminal justice referrals. O\_CRIM\_JST can be defaulted to record a code of 98 (not collected).

DMH referral type	DMH	TEDS	TEDS referral type
DMH psychiatric hospital	01	02	AD care provider
Other MS CMHC	02	02	AD care provider
DMH MR facility	03	03	Other health care provider
Private psych hospital	04	02	AD care provider
Other MH care	05	03	Other health care provider
Other MR care	06	03	Other health care provider
Other AD care	07	02	AD care provider
General hospital	08	03	Other health care provider

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DMH referral type	DMH	TEDS	TEDS referral type
Self	09	01	Individual
Family	10	01	Individual
School	11	04	School
Employer/EAP	12	05	Employer/EAP
Police	13	07	Court/DUI
Court	14	07	Court/DUI
Probation	15	07	Court/DUI
Self help program	16	06	Other community referral
Voc rehab./job placement	17	06	Other community referral
Nursing home	18	03	Other health care provider
Boarding home	19	06	Other community referral
Group home	20	03	Other health care provider
Other social service agency	21	06	Other community referral
Other	97	97	Unknown
Unknown	98	97	Unknown

- 11) Sex - DMH uses alpha codes "M" = male, "F" = female, and "U" = unknown. TEDS uses numeric codes 1 = male, 2 = female, 7 = unknown, 8 = not collected.

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- 12) Race - Client racial classification based on U.S. Census categories. DMH requires alpha codes for submission. Field name is RACE for both DMH and TEDS.

Race	DMH	TEDS
Alaskan native	K	01
American Indian	I	02
Asian or Pacific Islander (pre 2001)	A	03
Asian	A	13
Pacific Islander	P	23
Black/African American	B	04
White/Caucasian	W	05
Reporting multiple race categories	M	20
Other	O	20

- 13) Hispanic origin. Field term is "Ethnicity" in TEDS.

Hispanic/ethnicity	DMH	TEDS
Cuban	C	03
Mexican	M	02
Puerto Rican	P	01
Other hispanic	O	04
Not of Hispanic origin	N	05
Unknown	U	97

- 14) Education - Highest level of educational obtainment. Field name is EDUCATION for both DMH and TEDS. TEDS indicates only the number of years of education only while DMH indicates terminal degree.

TEDS: "00-11, 12 = HS diploma or General Equivalency Degree" "Specifies the highest school grade the client has completed." (TEDS, p D-23)

Education	DMH	TEDS
Preschool/kindergarten	51	N/A
Special education	52	N/A



Education	DMH	TEDS
Grades 1 - 12	01 - 12	01 - 12
GED	13	12
Technical/trade school	14	14
Some college, no degree	15	14
Associate degree	16	14
Bachelors degree	17	15
Masters degree	18	17
Ph.D.	19	17

15) Marital status

Marital status	DMH	TEDS
Single/never married	S	01
Married	M	02
Separated	P	03
Divorced	D	04
Widowed	W	05
Unknown	U	97

16) Employment status

TEDS: EMPLOYMENT field is supplemented by a second field O\_NOT\_LABR which captures detail on those not in the labor force. DMH EMPLOYMENT equivalents for O\_NOT\_LABR are provided as the second listed code in the table below.

DMH Employment status	DMH	TEDS	TEDS Employment status and "Not in labor force" detail
Full time	01	01	Full time
Part time	02	02	Part time
Active military	03	01	Full time
Seasonal/migrant	04	01	Full time (if currently working)
Unemployed - seeking	05	03	Unemployed
Unemployed - not seeking	06	04	Not in labor force
Homemaker	07	04 01	Not in labor force Homemaker (O_NOT_LABR)
Student/under 17	08	04 02	Not in labor force Student (O_NOT_LABR)
Retired	09	04 03	Not in labor force Retired (O_NOT_LABR)
Disabled	10	04 04	Not in labor force Disabled (O_NOT_LABR)
Correctional inmate	11	04 05	Not in labor force Inmate (O_NOT_LABR)
Other	97	97	Unknown
Unknown	98	97	Unknown

- 17) SPMI (DMH) and "Psychiatric problem in addition to alcohol/drug" (TEDS) - TEDS seek to identify "whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem" (TEDS, p D-46). DMH interpretes this as meaning a serious mental illness, which can be derived from the DMH Core SPMI data element. Crosswalk is necessary to convert from DMH alpha (Y/N) to TEDS numeric values.
- 18) Type of residence (DMH) and "Living arrangement" (TEDS) - DMH follows MHSIP guidelines in using "Living arrangements" to denote with whom the client lives (alone, with relatives, with non-relatives). "Type of residence" indicates the setting in which the client lives. TEDS uses the term "living arrangement" (O\_LIV\_ARNG) to indicate the type of residential setting.

DMH type of residence	DMH	TEDS	TEDS living arrangement
Private residence	01	03	Independent living

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Other independent living	02	03	Independent living
Homeless	03	01	Homeless
Institution	04	02	Dependent living
Community program	05	02	Dependent living
Correctional facility	06	02	Dependent living
Other	07	97	Unknown
Foster Home	08	02	Dependent living
Residential Care	09	02	Dependent living
Crisis Residence	10	02	Dependent living
Children's Residential Treatment	11	02	Dependent living
Not Available/Unknow	99	97	Unknown

19) Income source

Primary income source	DMH	TEDS
Wages/salary	1	01
Public assistance	2	02
Retirement/pension	3	03
Disability income	4	04
Other	7	20
Unknown	8	97
None	9	21

20) Payment source - TEDS makes a distinction between "expected source of payment" and "health insurance." DMH A&D requires entry of up to two forms of insurance.

DMH payment source	DMH	TEDS	TEDS payment source

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None (org. absorbs cost)	01	08	No charge
Personal resources	02	01	Self pay
Service contract	03	07	Other health insurance
Blue Cross/Blue Shield	04	02	Blue Cross/Blue Shield
CHAMPUS	05	05	Other government payments
Other comm. insurance	06	07	Other health insurance
Medicare	07	03	Medicare
Medicaid	08	04	Medicaid
Veterans Administration	09	05	Other government payments
Workmen's compensation	10	06	Workmen's compensation
Other public (gov.) source	11	05	Other government payments
Other source of payment	12	07	Other health insurance
Unknown	97	08	No charge

## **Data Crosswalks - II (NRI Oryx)**

In the late 1990's the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) began to focus on the issue of developing performance indicator requirements for the organizations it accredits. This became known as the Oryx initiative, named after a species of African antelope. Institutions, facilities and other care providers licensed by JCAHO are required, under Oryx, to collect and submit both demographic and performance indicator data to vendors who are under contract with JCAHO to receive and analyze this data. Early in the project, concern was expressed by state mental health agencies that vendors primarily oriented towards data analysis of medical entities might not be appropriate for analyzing data from state operated psychiatric hospitals. The National Association of State Mental Health Program Directors (NASMHPD) moved to address these concerns by proposing that its NASMHPD Research Institute (NRI) apply for vendor status with JCAHO. The intent was for NRI to act as a JCAHO Oryx data vendor specifically oriented towards state operated psychiatric hospitals. Subsequently, NRI was approved by JCAHO as an Oryx data vendor and a large number of state psychiatric hospitals signed contracts with NRI to serve as their Oryx data vendor.

NRI has issued its *NRI Behavioral Healthcare Performance Measurement System Implementation Guide*. This guide is available for download at:

<http://dmhmrs.chr.state.ky.us/nripms/dataspec.htm>

This section is intended solely to provide guidance on how DMH Core Client Data Set elements can be crosswalked to the NRI Oryx episodic data set. For information on event data sets that comprise the performance indicator portions of NRI Oryx submissions, readers should refer to the *NRI Implementation Guide*.

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**NRI Oryx** Episodic data set file layout (per NRI Oryx *Implementation Guide* version 3.0, March 15, 1999)

Field no.	Date element name	Field type	Format
1	HCO ID	Alpha	XX##
2	Reporting Period	Numeric	CCYYMM
3	Client ID	Alpha	XXXXXXXXXXXXXXXXXX
4	Admission date	Numeric	CCYYMMDD
5	Unit	Numeric	###
6	Birth date	Numeric	CCYYMMDD
7	Gender	Numeric	#
8	Race or ethnicity	Numeric	##
9	Marital status	Numeric	#
10	Prior living arrangement	Numeric	##
11	Admission referral source	Numeric	##
12	Admission legal status	Numeric	#
13	Criminal justice involvement	Numeric	##
14	Psychiatric diagnosis 1	Alpha	XXX.XX
15	Psychiatric diagnosis 2	Alpha	XXX.XX
16	Psychiatric diagnosis 3	Alpha	XXX.XX
17	Substance use diagnosis 1	Alpha	XXX.XX
18	Substance use diagnosis 2	Alpha	XXX.XX
19	Medical diagnosis 1	Alpha	XXX.XX
20	Medical diagnosis 2	Alpha	XXX.XX
21	Discharge date	Numeric	CCYYMMDD
22	Discharge type	Numeric	##
23	Primary referral at discharge	Numeric	##
24	Living arrangement after discharge	Numeric	##

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**Oryx cross reference:** location of Oryx mandated data elements equivalents within the DMH core client dataset:

<b>NRI Oryx Episodic data set</b>	<b>DMH equivalent (Core client dataset)</b>	<b>Comments</b>
01 HCO ID	N/A	Refers to NRI assigned organization identifier
02 Reporting period	01 CORE: Report date	NRI uses CCYYMM format
03 Client ID	05 CORE: Client ID	
04 Admit date	07 CORE: Admit date	
05 Unit	N/A	
06 Birth date	16 CORE: Birth date	
07 Gender	18 CORE: Sex	See crosswalks text
08 Race / ethnicity	19 CORE: Race 20 CORE: Hispanic ethnicity	See crosswalks text  NRI combines two conceptually distinctive fields.
09 Marital status	22 CORE: Marital status	See crosswalks text
10 Prior living arrangement	25 CORE: Type of residence	See crosswalks text
11 Admit referral source	09 CORE: Admit referral category	See crosswalks text
12 Admit legal status	11 CORE: Legal status	See crosswalks text
13 Criminal justice involv.	N/A	Note that this field collects different information than that required in the TEDS mandated "Criminal justice referral" field (ALCO 65).
14 Psychiatric diagnosis	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	NRI requires that organizations pre-sort client DSM diagnoses into 3 groupings: psychiatric (fields 14-16), substance use (fields 17-18), and medical (fields 19-20)
15 Psychiatric diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above

<b>NRI Oryx Episodic data set</b>	<b>DMH equivalent (Core client dataset)</b>	<b>Comments</b>
16 Psychiatric diagnosis (3)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
17 Sub. abuse diagnosis (1)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
18 Sub. abuse diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
19 Medical diagnosis (1)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
20 Medical diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
21 Discharge date	50 CORE: Discharge date	
22 Discharge type	51 CORE: Disch. status	See crosswalks text
23 Primary referr. at disch.	52 CORE: Disch. ref. categ.	See crosswalks text
24 Living arrang. after disch.	N/A	



- 1) Sex - DMH uses alpha codes "M" = male, "F" = female, and "U" = unknown. NRI Oryx uses numeric codes 1 = male, 2 = female, 9 = unknown.
- 2) Race / ethnicity - NRI Oryx elected to combine two distinct and separate data concepts, race and hispanic ethnicity, into one field. Since a person of hispanic ethnicity could have any of several racial identities, this creates needless difficulties when attempting to respond to demographic queries since no racial data will exist for persons reporting Hispanic ethnicity.

In order to crosswalk per the NRI Oryx standards, any downloaded record in which DMH Core Client Data Set field "Hispanic ethnicity" (field 20) contains an entry <> N should be coded with an NRI ORXY code of 4 (Hispanic). As noted above, this means a claim of Hispanic ethnicity will supercede any racial identification of the individual.

Race	DMH	TEDS
Alaskan native	K	01
American Indian	I	02
Asian or Pacific Islander (pre 2001)	A	03
Asian	A	13
Pacific Islander	P	23
Black/African American	B	04
White/Caucasian	W	05
Reporting multiple race categories	M	20
Other	O	20

- 3) Marital status - There is a one-to-one correlation in the DMH and NRI marital status codes, noting that the DMH category of "single" is termed "never married" by NRI.

Marital status	DMH	NRI
Never married	S	1
Now married	M	2
Separated	P	3
Divorced	D	4
Widowed	W	5

Unknown	U	6
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4) Prior living arrangement - Correlated to DMH CORE 25 “Type of residence.”

Prior living arrangement	DMH	NRI
Private residence / house hold	01	01
Homeless shelter	03	02
On the street	03	03
Jail or correctional facility	06	04
Other residential or institutional setting	02, 04, 05, 07, 08, 09, 10, 11	05
Not collected / not available	99	99

5) Admission referral source

Admission referral source	DMH	NRI
Self, family, or friend	9,10	1
Outpatient provider - MH/MR/SA	2,5,6,7	2
Outpatient provider - Other	16	3
Inpatient provider - MH/MR/SA	1,3,4	4
Inpatient provider - Other	18,19,20	5
Criminal justice system	13,14,15	6
Other human services agency	11,12,17, 21,97	7
Emergency room	8	8

In most instances, the NRI Oryx admission referral categories are broader in scope than their comparable DMH categories. Several examples are listed below. For a complete cross comparison, refer to “Admission Referral Category” (field 9) in the DMH Core Clients Data Set section of this manual and to the NRI Implementation Guide, Episode File “Admission Referral Source” (field 11).

NRI Oryx “Outpatient provider - MH/MR/SA” includes DMH codes for “CMHC”, “Other MH care provider”, “Other MR care provider”, and “Other A&D care provider.”

NRI Oryx “Inpatient provider - MH/MR/SA” includes DMH codes for “DMH psychiatric hospital”, “DMH MR facility”, and “private psychiatric hospital.”

NRI Oryx “Criminal justice system” includes DMH codes for “Police”, “Court”, and “Probation.”

NRI Oryx “Other human services agency” includes DMH codes for “School”, “Employer / EAP”, “Vocational rehabilitation / job placement”, “Other social service agency”, and “Other.”

#### 6) Admission legal status

The DMH Core Client Data Set does not distinguish, as NRI Oryx does, between “Voluntary - self” and “Voluntary - other” admissions. By default, all DMH “Voluntary” admissions are crosswalked to the NRI Oryx “Voluntary - other” code.

Admission legal status	DMH	NRI
Voluntary - self	N/A	1
Voluntary - other (by guardian, parent, etc)	1	2
Involuntary - Civil	2,3,4,6	3
Involuntary - Criminal	5,7,9	4

7) Discharge type

Discharge type	DMH	NRI
Complete inpatient treatment	1,2	1
Transferred to another inpatient facility	4,6	2
Released by courts	N/A	3
Left against medical advice	5	4
Eloped	8	5
Death	7	6
Noncompliant with treatment and/or policies	3	7
Discharged for admission to acute medical facility	CORE: 52	8

DMH Core “Discharge status” has no equivalent for NRI Oryx “Released by Courts.”

DMH Core “Discharge status” type “Client terminated treatment” (DMH code 5) is intended to mean the client self-discharged against advice of therapist / physician. H Core “Discharge status” does not have an equivalent type of “Discharged for admission to acute medical facility.” However, DMH Core Client Data Set “Discharge referral category” (CORE field 52) does have a code indicating the discharge referral was to a “General hospital / other health care provider” (code 08). Therefore, a “Discharge referral category” code value of 08 can be used to crosswalk those clients discharged to a medical facility.

8) Primary referral at discharge

Primary referral at discharge	DMH	NRI
None	99,9,10, 11,12	1
Outpatient provider - MH/MR/SA	2,5,6,7	2
Outpatient provider - other	16	3
Inpatient provider - MH/MR/SA	1,3,4	4
Inpatient provider - other	8,18,19,2 0	5
Criminal justice system	13,14,15	6
Other human services agency	17,21,97	7

Refer to comments concerning “Admission referral source” (note 5) above.